

St. Clair County Community Mental Health Authority  
**Harassment Complaint**

**COMPLAINANT INFORMATION – Completed by Complainant**

**First and Last Name:**

**Street Address:**

**City, State, & Zip Code:**

**Telephone Number:**

**COMPLAINT DETAILS – Completed by Complainant**

**Date(s) of Alleged Harassment:**

**Time(s) of Alleged Harassment:**

**Location(s) of Alleged Harassment:**

**Name(s) of Person(s) Alleged to have Harassed the Employee/Volunteer:**

**Name(s) of Witness(es):**

**Describe Your Complaint of Harassment in the Workplace:**

- What took place?
  - Who was involved in your complaint?
- If there were witnesses to your complaint, please provide their names.

**Check the type(s) of Harassment You Experienced in the Workplace:**

- ☐ Physical Harassment
- ☐ Sexual Harassment
- ☐ Verbal Harassment
- ☐ Other Harassment

**What Do You Consider To Be A Fair Solution To Your Complaint?**

- What action(s) would remedy the harassment?
- When should the action be implemented?

**INVESTIGATION DETAILS – Completed by SCCCMHA**

**Date Complaint Received:**

**Date Complaint Assigned for Investigation:**

**Investigator's Name:**

**Investigative Report Date:**

**Investigator's Signature:**