

Harassment Complaint

Please complete this form and return it to your Supervisor, Executive Pastor, or Elder. (See Policy #0012)

Name of the Complainant		Department
Email	Phone Number	Today's Date

Name of the Accused		Department		
Email	Phone Number			
Relationship of the Accused to the Complainant (supervisor, co-worker, client, etc.)				

Date of Incident (if more than one event, please report each event on a separate form)
Where did the specific event occur?
Please explain the events that occurred, in detail.
How did you react to the situation? Did you take any action to stop the perceived inappropriate behavior?

Describe the harm you have suffered as a result of the event.
Were there witnesses to this specific event? (If yes, please provide their names.)
Is there physical evidence to support your complaint? If so, please describe or attach copy of evidence.
What is your desired outcome of the investigation?

Acknowledgment:

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence GHCC deems relevant.

Complainant Name: _____ Date: _____

Complainant Signature: _____

*****Instructions:***

1. *Fill out this form in its entirety and either email the completed form or hand deliver it to your supervisor, the Executive Pastor, or an Elder.*
2. *Once the form is received you can expect a confirmation of receipt within 72 hours. If you have not received confirmation of receipt please advise the Executive Pastor, or an Elder via email.*