Harassment Claim Form

This form is to be completed and submitted to HR within 10 calendar days following what the employee believes to be harassment.

Claimant	Name	
	Address	
	Telephone	
Date(s) of event or occurrence		
Statement of harassment claim		
(If additional space is needed to d	complete the statement, attach document)	
Specify the form of harassment (see policy for determination of type of harassment) Quid Pro QuoHostile environment		

Consent Statement

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 the River Valley Child Development Services deems relevant.

Claimant signature	Date
HR signature	Date received
Executive Director signature	Date received