

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Confidential File Form  
Sexual Harassment Complaint

Name \_\_\_\_\_

ID# \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Sex: M: \_\_\_\_\_ F: \_\_\_\_\_

Race: \_\_\_\_\_

Context of Harassment (Please check)

Employee/employee \_\_\_\_\_

Student/student \_\_\_\_\_

Student/faculty/staff \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Please provide a detailed description of your allegations or complaint and attach to this form. If there are witnesses who can support your allegations, please provide their names and other contact information. Please attach any documents to support your claim of harassment.

\_\_\_\_\_

Signature

Date