

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