

City of New Britain Sexual Harassment Complaint Form

Employee Name

Department				Title			
Age		Sex					
Date of Incident			Ti	me of In	cident		
Pers	on(s) you a	llege commit	ted t	he sexua	l harassn	nent:	
Name			Position/Title				
Plassa describ	na tha incid	ant in datail	inch	uding voi	ur reactic	an to incident:	
Please describe the incident in detail, including your reaction to incident:							

derstand that this matter will need to be investigated, but that all the information will be ker idential to the extent that it is possible. Date Employee Signature Supervisor Signature	Pe	erson(s) who witnessed the incident, if any:
derstand that this matter will need to be investigated, but that all the information will be kep idential to the extent that it is possible. Date Employee Signature		
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Date Employee Signature		Additional Notes:
Date Employee Signature		
Date Employee Signature	lerstand that this matte	r will need to be investigated, but that all the information will be kept
	idential to the extent th	at it is possible.
	Date	Employee Signature
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