Hoopa Valley Tribal Council HUMAN RESOURCE PROGRAM

71 Willow St. ~ PO Box 218 ~ Hoopa, CA 95546 Phone (530) 625-9200 ~ Fax (530) 625-4269





CONFIDENTIAL

Harassment Complaint Form

(Form will only be seen by Human Resources Director)

| Date: |
|---|
| Name of the Complainant: |
| Department: |
| Phone Number: |
| Email: |
| Name of Accused: |
| Department: |
| Relationship of the Accused to the Complainant (manager, co-worker, client, etc.): |
| Phone Number: |
| Email: |
| 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: |
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| How did you react to the situation? Did you take any action | to stop received inappropriate behavior?: |
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| Describe the harm you have suffered from the event: | |
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| Is there any physical evidence that supports your complaint | ? If so, please describe or attach copy of evidence. |
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| What would your be your desired outcome of the investigate | |
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| The information provided in this complaint is true and concoperate fully in the investigation of my complaint and prelevant. | |
| Signature: | Date: |
| Print name: | |