



# ANTI-HARASSMENT Complaint Form

## Anti-Harassment Policy# 2-1

(Submit to Human Resources, [HR@billingsmt.gov](mailto:HR@billingsmt.gov) )

### Complainant Information

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### Respondent (Accused) Information

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Incident(s): Provide a description of the incident(s), including the dates(s), location(s) and the presence of any witnesses. Describe in your own words the actions of all those involved – attach additional pages if necessary.

Effect of alleged harassment on complainant:

If known, names of other individuals who may have been subject to the same or similar harassment:

What, if any, steps complainant has taken to try to stop the harassment:

Any other information potentially relevant to the complaint/investigation:

---

I understand that Human Resources will conduct an investigation of my report. A report of harassment, its investigation, the outcome of the investigation and any action taken relating to a specific employee is confidential. Dissemination of confidential information shall be limited to persons with a need to know in order to conduct an investigation and take appropriate corrective actions.

I understand that false accusations are not tolerated and will be addressed with the appropriate corrective actions.

I hereby authorize dissemination of information regarding this report with other persons with a need to know. I acknowledge that I have read and understand the above statements and certify that all information I have provided is true to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Complainant*)