

# Akron Area Electrical JATC

## Harassment Complaint Form

Name of the Complainant: \_\_\_\_\_

Contractor/Trade/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name(s) of the Accused: \_\_\_\_\_

Contractor/Trade: \_\_\_\_\_

Relationship of the Accused to the Complainant (foreman, co-worker, client, peer, etc.): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Akron Area Electrical JATC**

**How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?**

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**Describe the harm you have suffered as a result of the event.**

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**Were there any witnesses to this specific event? (If yes, please provide their names.)**

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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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## Akron Area Electrical JATC

**What is your desired outcome of the investigation?**

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The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence [Company Name] deems relevant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to the Training Director or a JATC committee member.*