



# UNITED METHODISTS

OF EASTERN PENNSYLVANIA

## Harassment Complaint Form

**Name:**

**Dept:**

**Today's Date:**

**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.**

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

**How did you feel?**

**What would be your desired outcome as a result of an investigation?**

**Please return this form to EPA Director of Human Resources.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_