



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: _____