

FREWSBURG FIRE DISTRICT

COMPLAINT FORM FOR REPORTING HARASSMENT

If you believe that you have been subjected to sexual or other harassment, you are encouraged to complete this form and submit it to the Frewsburg Fire District Fire Chief or Chairman of the Board of Fire Commissioners in person or by email. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Fire Chief or Chairman of the Board of Fire Commissioners should complete this form, provide you with a copy and follow the Fire District's sexual harassment prevention policy by investigating the claims as outlined in the Fire District's Harassment Policy.

COMPLAINANT INFORMATION

Name: _____

Cell or other phone: _____ Email: _____

Select Preferred Communication Method: ☐ Email ☐ Phone ☐ In Person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____ Title: _____

Cell or other phone: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual or Other Harassment is made about:

Name: _____ Title: _____

Cell or other phone: _____

Relationship to you: ☐ Supervisor ☐ Subordinate ☐ Co-Worker ☐ Other _____

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual or other harassment occurred: _____

Is the sexual or other harassment continuing? ☐ Yes ☐ No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint: _____

This last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information? _____

If you have retained legal counsel and would like us to work with them, please provide their contact information:

Signature: _____

Date: _____