

HARASSMENT COMPLAINT FORM (cont.)

2. Who was responsible for the alleged harassment incident(s)?:

3. Identify any witnesses to the alleged harassment incident(s):

4. Where did the alleged harassment incident(s) take place?:

5. List the date(s) and time(s) that the alleged harassment incident(s) occurred:

6. Have you reported this incident to anyone else? If so, whom?:

HARASSMENT COMPLAINT FORM (cont.)

My signature below certifies that I agree to keep this information **confidential** and only discuss it with Cheyenne & Arapaho officials involved with the investigative process of this complaint.

The Cheyenne and Arapaho Tribes is an equal opportunity employer. All tribal employees have a right to work in an environment free of discrimination and harassment based on sex, age, race, color, national origin, religion, disability.

The Cheyenne and Arapaho Tribes prohibit retaliation against any employee for complaining about discrimination or harassment

Print Name: _____

Signature: _____ Date: _____