

# Bayne-Jones Army Community Hospital Sexual Harassment Complaint Form

Complaint Submittal Date:	Date/Time of Incident(s):
Location of Incident:	

**Individuals involved in the incident (use additional sheet(s) if necessary)**

Name:	Name:
Complainant or Offender	Complainant or Offender
Title:	Title:
Department:	Department:
Phone:	Phone:
Immediate Supervisor:	Immediate Supervisor:

**Relationship to Complainant**

Acquaintance	Co-worker	Ex-Spouse	Family Member - Not Spouse
Friend	Girlfriend/ Boyfriend	Neighbor	Recruiter
Spouse	Supervisor	No Known Relationship	Other (specify):

**Type of Harassment**

Quid Pro Quo
Hostile Environment

## Category of Harassment

### VERBAL

Making sexual jokes, gestures, remarks, or innuendos.

Making comments about individual's appearance, body, clothing, or sexual behavior.

Spreading sexual rumors about and individual.

Persistent, unwanted requests for social (dates) or sexual activity.

Participating in sexually charged conversations.

### NONVERBAL

Making and/or posting inappropriate sexual remarks to, or photos of, and individual via social media sites, text message, or email.

Displaying pornographic material or sexual photos in the workplace.

Making a sexually offensive expression.

Conduct of a sexual nature intended to embarrass, intimidate, demean or degrade.

### PHYSICAL CONTACT

Unwanted touching.

Intimidation (blocking or cornering someone in a sexual way).

## Miscellaneous Incident Details (Check one or more)

Alcohol Involved	Yes	No
Drugs Involved	Yes	No
Did incident occur more than once?	Yes	No
Other (specify)		

## Describe Incident in Detail

*(Give as much detail as possible, the basis for your complaint; describe the incident/behavior(s) and date(s) of the occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus any additional information that would be helpful in resolving your complaint)*



