



COMPLAINT FORM
Policy on the Prevention of Harassment

The complaint form should be filed with the Assessor in McGreer 130.

Complainant	
Name:	
BU Status:	Student Staff Employee Faculty Employee Management Other: (specify)
Respondent	
Name:	
BU Status:	Student Staff Employee Faculty Employee Management Other: (specify)
Nature of the Complaint	
Date:	
I believe that I am a victim of:	Psychological Harassment Sexual Harassment Violence/Assault
Description of the event(s):	

I, hereby, certify that the above information is, to the best of my knowledge, true and accurate.

Signature

Date

Please note that this information will be provided to the respondent(s).

This document is confidential