



COMPLAINT FORM  
Policy on the Prevention of Harassment

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

<b>Complainant</b>	
Name:	
BU Status:	Student Staff Employee Faculty Employee Management Other: (specify)
<b>Respondent</b>	
Name:	
BU Status:	Student Staff Employee Faculty Employee Management Other: (specify)
<b>Nature of the Complaint</b>	
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