CHRONIC TACOS

Chronic Tacos Workplace Harassment Complaint Form
(including Sexual Harassment)

This form is to be used to document any claim of illegal harassment, including sexual harassment, which occurs in the workplace. To ensure that all harassment complaints are managed appropriately, effectively,and in accordance with the organization's policy harassment complaints, including sexual harassment complaints, will be recorded using this form. Only those individuals authorized to receive such complaints may do so. If needed, guidance can be obtained from HR.

Name of Complaint		Restaurant:	Civic Circle
Name(s) of Individuals engaging in alleged harassment:		Position(s):	

Please describe the specific incident of harassment alleged. Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations. Use additional pages if necessary or attach typed complaint to this form.

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Are there others who may have witnessed this alleged harassment? If so, please provide their name(s).

Name _____

Name _____

Name _____

Name _____

Are there others who may have experienced similar alleged harassment by the individual named above? If so, please provide their name(s).

Name _____

Name _____

Name _____

Name _____

Did you tell anyone about your experience after the alleged incidents(s)? If yes, please provide their name(s).

Name _____

Name _____

Name _____

Name _____

Are their others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s) and state whether they are a witness to this behavior or an individual who has experienced similar behavior:

Name _____ ☐ **Witness** ☐ **Affected Person**

Name _____ ☐ **Witness** ☐ **Affected Person**

Name _____ ☐ **Witness** ☐ **Affected Person**

Did you speak to the individual named in this report about the alleged harassment? If yes, what was his or her response?

Name _____ Date _____

Print Name _____

Job Title _____

*I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that Chronic Tacos Enterprise prohibits any individual from retaliating against me for filing a complaint and that I am to notify my immediate supervisor or Human Resources if I am a victim of retaliation.

Signature of Person Receiving Complaint _____

Date _____

Print Name _____

Job Title _____

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Workplace Harassment Remedial Solutions

What are the preliminary steps being taken to address the situation?

List any specific remedial solutions laid out to the alleged.

List any specific remedial solutions laid out to the claimant.

Claimant	Alleged

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Alleged Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Witness Signature: _____ Date: _____