

# COMPLAINT FORM



*BROADN leadership will not tolerate sexual harassment, harassment or discrimination based on ethnicity, race, gender, or disability, other forms of harassment, sexual assault, or retaliation. All reports will be taken seriously and investigated.*

## **Complainant Information:**

Name: \_\_\_\_\_ University/Dept/title: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Incident Information:**

Date(s) and time(s) of alleged incident(s): \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Name of accused harasser (University/Dept/title): \_\_\_\_\_

If harassment was towards another person, name: \_\_\_\_\_

Describe the incident(s) as clearly as possible. Include a full description of the events, and verbal statements (i.e., threats, requests, demands, etc.), and what, if any, physical contact was involved. (more space on next page)

List any witnesses who were present: \_\_\_\_\_

What actions and/or outcomes would you like to see? (optional) \_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_ has harassed me or another person. **I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.**

Complainant's signature  
(type for electronic signature)

Date

Please submit completed form to the BROADN Project Manager, Beth Hayes ([Beth.Marie.Hayes@colostate.edu](mailto:Beth.Marie.Hayes@colostate.edu)).

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Updated: Sept 2022

