

## **Sexual Harassment Office**

Earth Sciences Building ER6039 Memorial University of Newfoundland St. John's, NL Canada A1C 5S7 Tel: 709 864 2015

www.mun.ca/sexualharassment

## Form #1 Sexual Harassment Complaint

Name:
In the space provided below, write a description, in your own words, of the events that have led you to file this complaint. Be as specific as possible about dates, times and places. If there are any witnesses, please indicate that fact. You may attach additional paper if required.
<del></del> .
Signature of Complainant:
Date:

The information on this form is collected as per the University-Wide Procedures for Sexual Harassment and Sexual Assault Concerns and Complaints and is a required part of the investigative process outlined in the Procedures. If you have questions about the collection and use of this information, contact the Sexual Harassment Advisor, Sexual Harassment Office at 709-864-2015.