

HARASSMENT COMPLAINT FORM

MWA is committed to maintaining a Workplace of Respect. Harassment, whether sexual or discriminatory, is offensive, unlawful, a violation of our policies, and will not be tolerated. You have a legal right to a workplace free from sexual or discriminatory harassment.

Preventing harassment is everyone's responsibility. Any Associate, paid or unpaid intern, or non-employee who has been subjected to, or has observed behavior that may constitute harassment is encouraged to promptly report such behavior to a manager or member of Human Resources.

Reports of harassment may be made verbally or in writing. All Associates are encouraged to use this complaint form when submitting a written complaint. If you are more comfortable reporting verbally or in another manner, Human Resources will complete this form, provide you with a copy, and follow MWA's Anti-Harassment policy by investigating the claims. MWA will not tolerate retaliation against Associates who file complaints, support another's complaint, or participates in an investigation regarding a violation of our Anti-Harassment policy.

COMPLAINANT INFORMATION

Name: _____ Date: _____
Title: _____ Managing Director: _____
Phone: _____ Email: _____
Location: _____ Preferred Communication Method: Email Phone In Person

COMPLAINT

Date(s) of Incident: _____ Harassment Continues: Yes No
Place(s) of Incident: _____

1. Your complaint is made on behalf of: You Someone Else: _____

2. Individual you believe harassed you or another person:

Name: _____ Title: _____
Relationship to the harassed: Supervisor Subordinate Co-worker Other

3. Please describe as clearly as possible what happened, including what was said and what, if any, physical contact occurred. Use additional sheets of paper if necessary and attach any relevant documents or evidence:

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

1st	Name: _____	Title: _____
	Phone: _____	Email: _____
2nd	Name: _____	Title: _____
	Phone: _____	Email: _____

5. Please describe how this incident is affecting you and your work. Use additional sheets of paper if necessary.

6. Optional, but may help the investigation: Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information:

Name: _____

Phone: _____ Email: _____

By my signature below, I confirm that I am submitting this report in good faith and the information provide above accurately reflects my recollection of the incidents related to my complaint.

ASSOCIATE SIGNATURE

DATE

Received by:

HUMAN RESOURCES SIGNATURE

DATE