

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
 Child and Family Services Agency



**Sexual Harassment Formal Complaint Form**  
**Complainant's Report**

**Instructions:** The complainant shall complete and sign the report. Please answer the following questions as completely as possible (if needed, use additional paper) and submit the form to the Sexual Harassment Officer, Nina Jones.

Complainant Information			
Complainant Name		Date complaint submitted	
Alleged Victim's Name (if complainant is acting on behalf of the victim)			

Complaint Information			
Who committed the alleged harassment			
Is the accused a co-worker, supervisor, other employee or third party?			
Date(s) sexual harassment occurred		Is the sexual harassment continuing?	
Where did the specific event occur (e.g., office location, corridor, garage)?			
Describe the circumstances and the events that occurred (please use additional sheets of paper if necessary and attach any relevant documents or evidence)			
Were there any witnesses to this specific event? (If yes, please provide their names, contact numbers and cubicle or office location)			
Have you contacted your supervisory chain of command regarding this matter?			

I certify the above statements to be true and factual to the best of my knowledge.

Complainant's Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_