



COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT

PERSON FILING THIS COMPLAINT

NAME: _____

EMAIL: _____

TASO ID: _____

CELL: _____

TASO CHAPTER: _____

BASEBALL BASKETBALL FOOTBALL SOCCER SOFTBALL VOLLEYBALL

SEXUALLY HARASSED INDIVIDUAL (IF DIFFERENT FROM PERSON FILING)

NAME: _____

EMAIL: _____

TASO ID: _____

CELL: _____

TASO CHAPTER: _____

BASEBALL BASKETBALL FOOTBALL SOCCER SOFTBALL VOLLEYBALL

COMPLAINT INFORMATION

Your complaint of Sexual Harassment is made against:

NAME: _____ TASO CHAPTER: _____

Is this individual a chapter officer, or does he/she hold a chapter wide position, elected or appointed?

YES NO

DATE(S) Sexual Harassment occurred: _____

Please list any Witnesses (name and contact info): _____

Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary, and attach any relevant documents or evidence.

SIGNATURE

DATE