1. **STATEMENT:**

Describe the alleged incident(s), providing as much detail as possible. Include WHEN and WHERE the alleged incident(s) occurred, WHO did what and/or said what, to WHOME. Explain in what way the Respondent is alleged to have violated the UHH Sexual Harassment Policy.

As much as possible, all pertinent allegations must be included in this statement.

Use additional pages, if necessary, appending them here and throughout as (e.g.) 1.a, 1.b., 2.a,…..4.a, etc.
2. DOCUMENTATION

List and attach any documents or material relevant to this complaint. For each item, explain why it is relevant. Attach additional pages as needed.

3. WITNESSES

List the names of any persons who witnessed the alleged incident(s). Include phone numbers and address, if known. Briefly state what information each witness will be able to provide.

*Attach additional pages as needed.*

4. NONRETAIATION POLICY

UH Systemwide administrative Policy A9.290, as well as state and federal Laws prohibit retaliation against any person because (s)he has filed a sexual harassment complaint or served as a witness in the complaint investigation. If you believe that you have experienced retaliation, notify the appropriate investigating officer as soon as possible.
Pursuant to the written information I have submitted herein with regard to my allegation of violation of the UH-Hilo Sexual Harassment Policy, I agree to the following:

1. This Sexual Harassment Complaint Form contains my complaint in it entirety. I understand that I may not later file additional allegation in connection with this complaint.

2. My statements herein may be used in investigation of my complaint.

3. Appropriate administrators and the Respondent will have the opportunity to read this document.

4. Information contained in this document may be disclosed to witnesses listed by me, for the purpose of investigation of my allegations.

________________________________________
Signature of Reporting Party

________________________________________
Date Submitted

________________________________________
Signature of Administrative Official

________________________________________
Date Received by Administrative Official