



MCIS Events Code of Conduct: HARASSMENT COMPLAINT FORM

This form is to report incidents of MCIS event violence or harassment by the complainant.

<i>Name:</i>	<i>Telephone number:</i>
<i>Email:</i>	
Names of Witness, if any	
<i>Name:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Phone:</i>
<i>Date(s) of the incident or series of incidents:</i>	<i>Location(s) of the incident(s):</i>
<i>Types of complaint: (please select)</i> <input type="checkbox"/> Violence <input type="checkbox"/> Threat <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Human Rights <input type="checkbox"/> Other	
<i>Description of the event giving rise to the complaint:</i>	
<i>Please provide specific facts or evidence to support your complaint: (list in detail)</i>	
<i>Please specify the resolution you seek:</i>	

Signature:

Date: