

PROCEDURE FOR COMPLAINT OF SEXUAL HARASSMENT & RETALIATION

To ensure that an employee has every opportunity to seek relief and protection from sexual harassment and/or retaliation.

STEPS

- 1. Any person who feels he or she has been the victim of sexual harassment should contact the Equal Employment Opportunity (EEO) Officer; Long-Jones Hall, Room 148, Phone Number (318) 274-6118. To file a claim, a written and signed statement of the complaint must be submitted to the EEO Officer by the complaining party so an investigation can proceed into the matter. The written complaint should include the following information:
 - a. the date of complaint,
 - b. the identification of the complainant
 - c. the date(s) of the alleged sexual harassment, and
 - d. identification of the party or parties and the actions complained of, including all relevant background facts and circumstances.
- 2. Upon receipt of the written complaint, the authorized University official will contact the person who allegedly engaged in the sexual harassment and inform him or her of the basis of the complaint and provide him or her the opportunity to respond.
- 3. Upon receipt of the response, the appropriate University official will determine whether there is probable cause to warrant further investigation.
- 4. If it is determined that further investigation is warranted, the case will be referred to the appropriate administrator or authorized body for prompt and corrective action.
- 5. If it is determined that sexual harassment has occurred, appropriate disciplinary action up to and including discharge may be taken. The severity of the discipline will be determined by the severity and/or frequency of the offense and will be administered by the Appointing Authority.

GRAMBLING STATE UNIVERSITY INFORMAL SEXUAL HARASSMENT/RETALIATION COMPLAINT FORM

I, complaint	of	sexual	, do wish to bring an informal harassment/retaliation against for the following reason(s):		

I agree to have a university official(s) review and informally investigate the above statement(s).

Complainant Signature

Date

University Official Signature

Date

GRAMBLING STATE UNIVERSITY FORMAL SEXUAL HARASSMENT/RETALIATION COMPLAINT FORM

Date: _____

Name,	Title &	Department/Un	it of Person	receiving	complaint:
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Name of & Department/Unit of Person filing the complainant

Student_____ Faculty_____ Staff_____

A. Name, Title, & Department/Unit of Person(s) harassed/ retaliated against you?

B. How did harassment/retaliation take place? _____

C. Where?		
D. When? (Date and approx. time)		
E. If more than once, how often?		
What was your reaction/response?		
G. Witnesses? If so, who?		

H. What is your current relationship with the alleged harasser? Past, Present, etc.

I. Has the alleged harasser informed you or suggested that negative consequences would occur if you reported the harassment/retaliation? If so, explain.

J. Whom, if anyone, did you tell?
K. When?
L. Where?
M. What did you tell her/him?
N. What was her/his response?
O. Do you think there might be other complainants? P. Do you think you did anything to encourage the harasser? If yes, explain
Q. Do you think the harasser misinterpreted any of your actions?
R. What relief are you seeking?
My signature below indicates my willingness to have this complaint investigated.

Signature

Date

University Official Signature

Date