

APPENDIX 2: SOCIETY MEETING CODE OF CONDUCT COMPLAINT FORM

Complainant:		
Home Address:	Phone Number: (cell)	(home)
	Email:	
	Date/Time of Incident:	
Emergency Contact:		

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, date, time, and what, if any, physical contact was involved. _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment? _____

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident?

This complaint is based upon my honest belief that _____

harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature

Date

Witnessed by

Date



APPENDIX 3: MEETING CODE OF CONDUCT COMPLAINT FORM: WITNESS

Person Alleged to Have Been Harassed: _____

Witness:	
Home Address:	Phone: (cell) (home)
	Date/Time of Incident:
Emergency Contact:	

For a witness, describe what you observed (*Where did the alleged incident take place? What happened? What did you say and do? What did other people say and do? Include names, verbal statements, and a thorough description of physical contact, if any was involved.*):

List any witnesses who were present: _____

I hereby certify that the information I have provided in these answers is true, correct and complete to the best of my knowledge.

Witness's signature

Date

Witnessed by

Date

Attach additional pages if needed



APPENDIX 4: MEETING CODE OF CONDUCT COMPLAINT FORM: RESPONDENT

Person Alleged to Have Been Harassed: _____

Respondent:	
Home Address:	Phone: (cell) (home)
	Date/Time of Incident:
Emergency Contact:	

For a respondent, please respond to the allegations, including any admission or denial.

List any witnesses who were present: _____

I hereby certify that the information I have provided in these answers is true, correct and complete to the best of my knowledge.

Respondent signature

Date

Witnessed by

Date