

FIRST LUTHERAN CHURCH SEXUAL HARASSMENT REPORTING FORM
TO BE COMPLETED BY COMPLAINANT

Date of Submission: _____

Name: _____

Guardian Name(s) if a Minor: _____

Email: _____

Phone(s): _____

Signature: _____

Please provide as many details as you can regarding the incident(s) and any other information which could be helpful, including the name(s) of the person(s) responsible, date(s), time(s) of the incident(s), and the location(s). _____

What would you like to see happen because of making this report? _____

TO BE COMPLETED BY REPORT-TAKER

Date of Submission: _____

Name: _____

Signature: _____