

**ANTI-HARASSMENT – EXHIBIT**

I (name of complainant), working as (position) or student at (name of jurisdiction), (address of jurisdiction), believe that I have been harassed by (name of respondent), working at (name of jurisdiction), or student at (address of jurisdiction), in contravention of (name of jurisdiction's) policy on harassment. I understand and agree that I have a responsibility in Part B of Guideline 3 of Administrative Procedure 190 to make it clear to the alleged offender that his/her behavior is unacceptable.

The addresses, dates, and further particulars of the incident(s) are as follows:

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Signed at \_\_\_\_\_ on \_\_\_\_\_  
City Date

\_\_\_\_\_  
Complainant's Signature

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Signatures of Witnesses of any of the above incidents (optional)