

## UMBC Sexual Harassment Complaint

**Received By:**  
**Department:**  
**Date Received:**

**Complaining Party**

Name: Title: Department:  
Location: Telephone:

**Charged Party**

Name: Title: Department:  
Location: Telephone:

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**Summary of Complaint:**

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**Requested Action:** Formal Review \_\_\_\_\_ Informal Mediation \_\_\_\_\_

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**Complainant's Signature**

\_\_\_\_\_  
**Director of Human Relations**