

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DIVISION OF PERSONNEL**

SEXUAL HARASSMENT REPORT FORM

The Government of the Virgin Islands desires a work environment free of sexual harassment. Sexual harassment and retaliation are specifically prohibited as unlawful and constitute a violation of GVI policy. GVI is committed to efforts for preventing sexual harassment in the workplace, for taking immediate corrective action to stop sexual harassment in the workplace, and for promptly investigating any allegation of work related sexual harassment.

COMPLAINANT: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person you believe sexually harassed you: _____

Have you addressed your concern with the person(s) who you are accusing of this harassment? Yes ☐ ☐ No ☐ ☐

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: What force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary).

This complaint is filed based on my honest belief that _____ has sexually harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

This section is to be completed by the agency representative receiving the complaint.

RECEIVED BY:

(Name & Position Title)

(Date)

