

Clark Land Resources, Inc.

Harassment Complaint Form

Complainant Name: _____

Job Title: _____

Supervisor/Manager: _____

Name of Accused: _____

Relationship (if any) to the Accused: _____

Date/Time of Incident: _____

Location of Incident: _____

Describe the Incident:

Names of Witnesses (if any): _____

Have similar incidents occurred in the past? _____

By signing below, I certify that all information provided above is true and correct to the best of my knowledge.

Signature: _____ Date: _____