



**Workplace Sexual Harassment Report Form**

If you believe that you or another person has been subject to workplace Sexual Harassment, this form may be used to file a report to the [Director of Community Standards](#) (Title IX Coordinator). Please refer to Hamilton’s Workplace Sexual Harassment Supplemental Policy for additional information regarding workplace Sexual Harassment. Please provide as much detail as possible on this form, as this information will be used to assist in the investigation of your report. Submit the completed form via email to the Director of Community Standards (Title IX Coordinator), Catherine Berryman: [cberryma@hamilton.edu](mailto:cberryma@hamilton.edu).

Your Name: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Your Email: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_  
Name(s) of Alleged Victim(s): \_\_\_\_\_  
Name(s) of Alleged Harasser(s): \_\_\_\_\_

Please detail the incident(s), including dates, times, places, and names of witnesses. Attach additional sheets as needed.

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If you have any materials, such as documents, emails, text messages, photographs etc., which contain information about the incident(s) described above, please describe them below and attach them to this document.

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To investigate this report, it will be necessary to interview you, the alleged victim(s), the alleged harasser(s), and any witnesses. The investigation and any resulting action taken on behalf of the college will be kept private to the extent possible.

Individuals are reminded that no one who makes a good-faith complaint of Sexual Harassment or participates in an investigation into Sexual Harassment may be retaliated against. Retaliation is against the Hamilton College Sexual Misconduct Policy and it is against the law. If you believe that retaliation has occurred, contact the Director of Community Standards to report the incident.

By signing below, you attest that the information provided in this report is true and correct to the best of your knowledge and that you are willing to cooperate fully in the investigation of this report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_