



6. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

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7. Have you filed this report with any other agency or an attorney? Yes [ ] No [ ]  
If yes, with whom? \_\_\_\_\_

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8. Do you have any suggestion for proposed action to address or resolve the complaint/grievance?

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9. Do you have any additional information and comments (use separate sheet if necessary):

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Signature of person making report: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed form to the Office of Human Resources, Hannah Hall, Suite 126*