



ANTI-HARASSMENT/ SEXUAL HARASSMENT COMPLAINT FORM

If you believe that you have been subjected to harassment or sexual harassment, you are encouraged to complete this form and submit it to ICSC’s General Counsel at lcampbell@icsc.com, ICSC’s Vice President, Human Resources at sshieldsfurchak@icsc.com, or another member of senior management with whom you feel comfortable. You will not be retaliated against for filing a complaint. Once a complaint is received, ICSC will follow the investigation process described in our policy.

General Information

Your Name / Job Title:

Your Department / Supervisor:

Preferred Communication Method (if via e-mail or phone, please provide contact info):

COMPLAINT INFORMATION

1. Please tell us who you believe has violated our policy against sexual harassment. What is their relationship to you (e.g., Supervisor, Subordinate, Co-Worker, Member, Volunteer, Attendee, Vendor, Other):

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Please provide specific date(s) the alleged sexual harassment occurred. Additionally, please advise if the alleged sexual harassment is continuing?

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint.

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?



If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____ Date: _____