

Appendix B

INTAKE INTERVIEW FORM

Date of Intake Interview: _____

Describe the alleged sexual harassment and/or any other form of harassment. Describe the incident of harassment. Separately include dates and locations for each incident. If the complainant cannot remember exact dates, include approximate dates to the best of the complainant's recollection (use as many pages as necessary).

Name, job title, location, and telephone number of each individual who allegedly harassed the complainant.

State the Relationship of the Harasser to the Complainant (If the harasser is an employee of the City, state the person's position with the City). If the Harasser is not an employee of the City, please state the harasser's interaction with the complainant, including the frequency of the interaction with the harasser.

Name, job title, location, and telephone number of any witnesses to any incident described by complainant.

PRIOR ACTION REGARDING THESE HARASSMENT ALLEGATIONS

Prior to bringing this complaint, has the complainant described the harassment to anyone, to include supervisory personnel or co-workers employed by the City of Clarksville?

_____ Yes _____ No

If yes, list the following: Name, job title, work location, and telephone number of any persons to whom the complainant described the incident; the date or approximate date the complainant brought the incident to the other employee's attention. Describe any action taken to investigate or resolve the harassment.

POSSIBLE PRIOR INCIDENTS INVOLVING OTHER EMPLOYEES

Does the complainant know of any other employee who has experienced similar sexual harassment and/or any other type harassment in the same department or by the same individual?

_____ Yes _____ No

If yes, provide the name, job title, work location, and telephone number of each such employee; and a description of the harassment, to the best of the complainant's knowledge.

If applicable, has the complainant filed a claim with any other city, state, or federal agency?

_____ Yes _____ No

If yes, what agency?

* I hereby certify under penalty of perjury that the above statements are true and correct to the best of my knowledge.

* Complainant's Signature: _____ Date: _____

Witness: _____ Date: _____