Harassment Incident Form

Your name:
Date of the event:

Name of the Accused:

Date of Incident:
(If more than one event, please report each event on a separate form.)

Where did the specific event occur?

Please explain the events that occurred.

How did you react to the situation? Did you take any action to stop perceived inappropriate behavior?

Describe the harm you have suffered as a result of the event.
Were there any witnesses to this specific event? (If yes, please provide their names.)

Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.
What is your desired outcome of the investigation?

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my incident and provide whatever evidence the Milwaukee Makerspace deems relevant.

Signature: Date:

Please drop off this form to the Board of Directors dropbox (the dues box), hand it to a Board member directly, or scan and email it to info@milwaukeemakerspace.org