



AERO AVIATION INSTITUTE OF TECHNOLOGY

(Approved by AICTE No. : 1-2865849381, New Delhi, & Affiliated to DOTE - 948, Tamilnadu.)

Harassment Application Form

1. Your name: _____

2. Status: Student ☐ Staff ☐ Faculty ☐ Other (specify): _____

3. If employee, administrative unit and position title: _____

4. Campus Address: _____ Campus Phone Number: _____

5. Individual engaging in alleged harassment: _____

6. Your administrative unit and position title (if employee): _____

7. Your relationship to the individual engaging in alleged harassment: Supervisor ☐ Co-Worker ☐
Professor/Instructor ☐ Advisor ☐ Student ☐ Other (specify): _____

8. Please describe the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):

9. Location(s) of alleged incident: _____

10. Date(s) and approximate time(s): _____

11. Describe the effect the alleged harassment had on you: _____

12. 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).

13. Did you tell anyone about your experience after the alleged incident? If so please provide the name(s) and telephone number(s) of whomever you spoke to. _____

14. Did you take any action(s) in an attempt to stop the harassment? _____

Signature of person making report: _____ Date: _____