



Guthrie Mainstream Services LLC
6549 E University Dr
Mesa AZ 85205
Phone: (480)633-8881 Fax: (480)467-3271

Date RVCD _____
Initials _____

Harassment and Complaint Form

Person making report (optional): _____ Date: _____

Individual(s) involved: _____ Location: _____

Relationship to situation: _____

I have reported this to my direct supervisor: Yes No Date Reported: _____

If no, the reason not reported is: _____

Details of Concern/Complaint: _____

(Please continue on the back for more space)

How I would like to see this issue resolved: _____

Optional Signature: _____ Date: _____

.....
*All forms will be handled with complete confidentiality. Only individuals involved and the necessary personnel will be participants in the resolution of this issue. There will be **no** retaliatory actions taken against any of the individuals involved. Any form of resolution will be held in strict confidence to protect the rights of all involved.*
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Assigned to: _____ Date: _____

Forwarded to: _____ Date: _____

Resolution: _____

