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ZERO BELOW TRUCKING CORPORATION HARRASMENT COMPLAINT FORM

COMPLAINIT INFORMATION

| | |
|------------------|--------|
| NAME: | |
| WORK ADDRESS: | |
| WORK/CELL PHONE: | EMAIL: |
| JOB TITLE: | |

SUPERVISOR INFORMATION

| |
|------------------------------|
| IMMEDIATE SUPERVISOR'S NAME: |
| TITLE: |
| PHONE: |

COMPLAINT INFORMATION

| | |
|--|---|
| YOUR COMPLAINT OF HARRASSMENT IS MADE ABOUT | |
| NAME: | |
| TITLE | |
| WORK ADDRESS: | |
| RELATIONSHIP TO YOU: <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> SUBORDINATE <input type="checkbox"/> CO-WORKER <input type="checkbox"/> OTHER | |
| IF OTHER, WHO? | |
| 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. | |
| DATES(S) SEXUAL HARASSMENT OCCURRED: | IS IT STILL OCCURRING? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| WITNESS NAME AND CONTACT INFO | |

SIGNATURE _____

DATE _____