



The American Institute of Architects, Orlando Chapter (AIA Orlando) Confidential Harassment Complaint Form

Date: ____/____/____

Complainant's Name: _____ Employee/Membership I.D.: _____

Persons Involved (please include contact information, employment/membership title, etc.):

Accused:

Witness(es):

Please describe in as much specific detail as possible, the time(s) of occurrence, what occurred, and where.
(For additional space, use Page 2)

Do you believe retaliatory acts have been taken against you or others involved? Yes No

If yes, please describe in as much specific detail the suspected retaliation: _____

* If necessary to complete this complaint form and/or for additional comments, please use Page 2. *

An investigation of any reported violation of harassment will be conducted, as promptly and thoroughly as possible, by the Board, one of its members, by legal counsel retained by AIA Orlando or by such person(s) that the Board may designate. Every reasonable effort, to the extent practicable, will be made to maintain the confidentiality of all information disclosed in the process, which will only be implemented on a need-to-know basis to facilitate the investigation and resolution.

Please review carefully. Is this a true, accurate, and full accounting of the complaint? Yes No

Thank you for coming forward. You will be kept informed of the investigation results and any action that is to be taken.

Complainant's Signature

Date



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Confidential Harassment Complaint Form**

Complainant's Initials: _____

A large rectangular area containing 20 horizontal lines for writing the complaint.