Beauregard Parish Library
CLAIM/COMPLAINT FORM

Name of the Complainant/Witness: __________________________________________
Department:  ________________________________________________________________
Phone Number:  _______________________________________________________________
E-mail:  _______________________________________________________________
Today’s Date:  ________________________________________________________________

Name of the Accused:  _________________________________________________________
Department:  ________________________________________________________________
Relationship of the Accused to the Complainant/Witness (supervisor, co-worker, etc.):

_________________________________________________________________________

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, if you are a witness please state “witness”.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Is there any physical evidence that supports this complaint? If so, please describe or attach a copy of the evidence, if possible.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is your desired outcome of the investigation?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The information provided in this complaint/statement is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation and provide whatever evidence Beauregard Parish Library deems relevant.

Signature: _______________________________ Date: _______________________________

*Please return this form to Human Resources.*