

**Appendix II: UVI Sexual Harassment Reporting Form for Faculty and Staff**

**UNIVERSITY OF THE VIRGIN ISLANDS**  
**Sexual Harassment Reporting Form**  
[For Faculty and Staff]

**Directions:** Please use this form to report any instance in which you believe that you have been sexually harassed. Your completed form should be submitted to any of the following individuals: to the Deans of Schools and Colleges, the Chair of an academic department, supervisor or manager, or a representative from the Human Resources Department. Please note, however, that the completion of this form is not required to report an incident involving sexual harassment or to lodge a complaint regarding sexual harassment.

Name: \_\_\_\_\_

Date of Complaint:    /    /

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

1. Please describe, in as much detail as possible, the nature of your complaint. Please include dates and other details that will help with the investigation of your complaint.

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2. Please provide names and contact information of any witness(s) who were present when one or more of the details described in item #1 occurred.

Name	Contact Information

