CITY OF BEACON

NOTICE OF RESOLUTION OF COMPLAINT OF DISCRIMINATORY HARASSMENT

COMPLAINANT'S NAME: _____

WORK SITE: _____

DATE COMPLAINT FILED: _____

PERSON COMPLAINED OF: _____

TITLE AND DEPARTMENT: _____

FINAL DETERMINATION: _____

_____

_____

_____

Your signature serves as an acknowledgement that you have received a copy of this Notice of Resolution Form.

Acknowledged by:

Complainant's Signature: _____ Date: _____

Person Complained of's Signature: _____ Date: _____