

## 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: \_\_\_\_\_