

*Harassment Reporting Form for Employees*

*School* \_\_\_\_\_ *Date* \_\_\_\_\_

*Employees name* \_\_\_\_\_

*(We assure you we will use our best efforts to keep your report confidential.)*

• *Who was responsible for the harassment or incident(s)?* \_\_\_\_\_

\_\_\_\_\_

• *Describe the incident(s).* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Date(s), time(s) and places of incident(s).* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Were other individuals involved in the incident(s)?* \_\_\_ *yes* \_\_\_ *no*

*If so, name the individual(s) and explain their roles.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Did anyone witness the incident(s)?* \_\_\_ *yes* \_\_\_ *no*

*If so, name the witnesses.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Did you take any action in response to the incident?* \_\_\_ *yes* \_\_\_ *no*

*If yes, what action did you take?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Were there any prior incidents?* \_\_\_ *yes* \_\_\_ *no*

*If so, describe any prior incidents.* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of complainant* \_\_\_\_\_