

For Office Use Only

Date Rec'd _____
Rec'd By _____

Harassment Incident Report

Name of Complainant _____

Address: _____ Phone: _____
Email: _____

Department _____

Supervisor _____

Name of Alleged Harasser _____

Details of Harassment Incident _____

Date _____ Time _____

Where _____

Witnesses

Name _____

Name _____

Name _____

Additional Persons with Knowledge

Name _____

Name _____

Action or Resolution Sought _____

Signature of Complainant _____

Date _____