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| **VIOLENCE AND HARASSMENT REPORT FORM****(to be completed by the employee)** |
| Name |  |
| Position |  |
| Department |  |
| Date and time of incident(s) |  |
| Name of the person who committed the act of violence or harassment against you or another person |
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| If the alleged incident was directed at someone other than yourself, please specify the other person: |
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| Describe as clearly as possible what happened, including what was said, what was done, and whether there was any physical contact. Attach additional pages if necessary.  |
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| Describe how you or the person to whom the incident was directed responded or reacted to the event, including what was said. |
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| Where did the incident occur? |
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| Were there any witnesses? If yes, please provide their names. |
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| Provide any additional information you believe will help the company investigate this incident. |
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| By signing below, I confirm that I am submitting this report in good faith and that the information provided above accurately reflects my recollection of the incident(s) related to my complaint. |
| Date of Signature | Full Name |
|  |
| This form was submitted to |
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