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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: | | |
|  | | |
| 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? | | |
|  | | |
| 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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