HARASSMENT REPORTING FORM

This form is to be completed when a Team Member reports an incident of harassment. Please fill out each section as thoroughly as possible to ensure proper documentation and follow-up.

MANAGER RECEIVING REPORT:	**DATE:**
TEAM MEMBER REPORTING THE INCIDENT:	

DATE OF INCIDENT:					
NATURE OF INCIDENT	Please provide a brief description of the harassment reported by the Team Member				
TYPE OF HARASSMENT	☐ VERBAL	☐ PHYSICAL	☐ DIGITAL	☐ OTHER:	

NAME OF ALLEGED HARRASSER(S):	
Who is the person or people allegedly involved in the harassment? (include name and position)	
WITNESSES:	
DESIRED OUTCOME	What does the reporting employee hope will be the outcome of this situation?
IMMEDIATE ACTIONS TAKEN BY MANAGER	
What actions were taken immediately after the report was made (separation of parties, questioning, witness statements)	

FOLLOW UP
Who was informed about the report (HR, senior management, etc.) and what additional steps will be taken?

MANAGER NOTES

ALL HARASSMENT REPORTS MUST BE SUBMITTED THROUGH THE DESIGNATIED PORTAL

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