

Documentation of Alleged Act of Harassment

Employee Name _____ Date Reported _____

Reported To

Name _____ Title _____

Alleged Harasser _____ Type of Harassment _____
(Sexual, Physical, Verbal, Other)

Full Description of Incident

(Include what happened, what was said, where the situation occurred, etc. Attach additional pages if necessary.)

Individual(s) Involved

Date(s)

Time(s)

Witness(es)

Resolution

Date _____

Follow Up

Date _____

Employee Signature _____ Date _____

Supervisor/Manager Signature _____ Date _____