

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.)

Individuals Involved

Date(s)

Time(s)

_____	____/____/____	_____
_____	____/____/____	_____

Witness(es)

Resolution

Date ____/____/____

Follow Up

Date ____/____/____

Employee Signature _____ Date ____/____/____

Supervisor/Manager Signature _____ Date ____/____/____