SEXUAL HARASSMENT INCIDENT REPORT

REPORT DATE _____

EMPLOYEE NAME _____

EMPLOYEE DEPT./DIV. _____

Description of the event (date, location, behavior, etc.; Who, What, When, Where, How. Attach signed employee handwritten or typed statement.):

_____
_____
_____
_____
_____

Witnesses (names, departments, location during the incident, etc.):

_____ _____
_____ _____
_____ _____
_____ _____

Has the employee reported the incident to his or her manager, supervisor, team leader?
Yes ___ No ___

Has the employee discussed the incident with anyone other than his or her immediate supervisor?
Yes ___ No ___

Other employee comments, insights, pertinent facts, etc.

_____
_____
_____

Does the employee understand that the matter will be fully investigated?
Yes ___ No ____

_____ _____
Employee Signature *Date*

_____ _____
Recorder Signature *Date*