



### Harassment Report

#### Identifying Information

Name \_\_\_\_\_ Position \_\_\_\_\_

Contact Number \_\_\_\_\_ Address \_\_\_\_\_

School/Department \_\_\_\_\_

Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Time of Incident \_\_\_\_\_

Type of Harassment    Verbal    Written    Email    Other \_\_\_\_\_

(Add additional information on the nature of the harassment, as appropriate ( e.g.: abusive language, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe the incident (what happened)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Information of the Individual with whom the incident occurred

Individual's name and or position, if known.

---



---

Description:    Male             Female

Age: \_\_\_\_\_ Complexion: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Other: \_\_\_\_\_

---



---

Witness Information

Number of Witnesses \_\_\_\_\_

Witness(es)'s Name(s) and Position(s), if known. If not known include a description.

---



---

Other: \_\_\_\_\_

---



---

There were no witnesses

General Information

Was this incident reported to the supervisor?             Yes    No

Have you initiated an investigation?                       Yes    No

Name of the supervisor \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date