

Workplace Harassment Complaint Record Form

1. Complainant Information

Full Name:

Job Title / Position:

Department:

Contact Information (Email or Phone):

2. Alleged Offender Information

Full Name:

Job Title / Position:

Department:

3. Incident Details

Date(s) of Incident:

Time(s) of Incident:

Location(s) of Incident:

Description of Incident (including what happened, words used, actions, etc.):

4. Witnesses

Name(s) and Contact Details of any Witnesses:

5. Previous Actions Taken

Has the incident been reported previously? If yes, to whom and when?

Steps taken so far (if any):

6. Desired Outcome

What outcome or resolution do you seek?

Declaration: I confirm that the information provided above is true and accurate to the best of my knowledge.

Signature:

Date:

Submit Complaint