

# Workplace Harassment Complaint Record Form

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## 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