

Harassment and Violence Occurrence Reporting Form

(Notice of Occurrence)

This form is to be used by the all employees, contractors and owner operators to report a workplace harassment violence occurrence. Please complete this form and email it to HR at hr@transx.com

IMPORTANT: If an occurrence resulted in an injury, please advise you supervisor / manager immediately and follow the Work Related Injury Reporting Procedure.

The principal party or the witness may report in writing or orally.

I. Reporting Person's Information (Principle Party)

| | | | |
|--------------------------------------|-------------------------------------|---------------|--|
| Name: | | Department: | |
| Date of Occurrence: (mm / dd / yyyy) | Time of Occurrence: ____am / ____pm | Terminal: | |
| Date Reported: (mm / dd / yyyy) | Time Reported: ____am / ____pm | Reported to : | |

II. Witness Information

| | | |
|--|---------------------------|--------------------------|
| Do you know the principle or respondent party? | <input type="radio"/> Yes | <input type="radio"/> No |
| Do you want to report anonymously? | <input type="radio"/> Yes | <input type="radio"/> No |
| If no, please provide details (Name, Department, Contact information): | | |

III. Responder's Information (Respondent Party)

| | |
|-------|-------------|
| Name: | Department: |
|-------|-------------|

IV. Detailed Description of Incident (if more space is required attach a separate sheet of paper)