

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