SEXUAL HARASSMENT INCIDENT REPORT

**REPORT DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE DEPT./DIV.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the event (date, location, behavior, etc.; Who, What, When, Where, How. Attach signed employee handwritten or typed statement.):

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Witnesses (names, departments, location during the incident, etc.):

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Has the employee reported the incident to his or her manager, supervisor, team leader? Yes \_\_\_ No \_\_\_

**Has the employee discussed the incident with any one other than his or her** **immediate supervisor? Yes \_\_\_ No \_\_\_**

**Other employee comments, insights, pertinent facts, etc**.

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# Does the employee understand that the matter will be fully investigated?

# Yes \_\_\_ No \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employee Signature Date*

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*Recorder Signature Date*