

HARASSMENT REPORTING FORM

Employee Name: _____ Date: _____

Job Title: _____ Date of Hire: _____

Mailing Address: _____

Best number to reach employee: _____

<u>Date, time and place of event harassment:</u>	
<u>Detailed account of occurrence (include names of persons involved):</u>	
<i>(If additional space is needed, please use back of form.)</i>	
<u>Steps taken to resolve issue:</u>	<u>Date:</u>
<u>Result of steps taken to resolve issue:</u>	

Employee Signature

Date

Received by

Date

Employee should retain a copy of this form for his/her records. Signature indicates that employee is reporting harassment and the information on the form is truthful.