



Harassment Report

Identifying Information of complainant

Name	_____
Position	_____
Contact Number	_____
Address	_____
School/Department	_____

Details of incident

Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.) _____
Date and Time of Incident _____
Nature of harassment <ul style="list-style-type: none"><input type="checkbox"/> Ancestry, including colour and perceived race<input type="checkbox"/> Nationality or national origins<input type="checkbox"/> Ethnic background or origin<input type="checkbox"/> Religion or creed or religious belief, religious association or religious activity<input type="checkbox"/> Age<input type="checkbox"/> Sex or gender, including circumstances related to pregnancy<input type="checkbox"/> Sexual orientation<input type="checkbox"/> Sexually inappropriate<input type="checkbox"/> Marital or family status<input type="checkbox"/> Source of income<input type="checkbox"/> Physical or mental disability or related characteristics<input type="checkbox"/> Psychological<input type="checkbox"/> Other _____
Format of harassment <ul style="list-style-type: none"><input type="checkbox"/> Verbal<input type="checkbox"/> Written<input type="checkbox"/> Email<input type="checkbox"/> Other _____



Describe the incident (what happened):
Attach additional written description if require

Information of the individual with whom the incident occurred

Individual's name and or position, if known:

Description, if individual's name and position not known:

Male Female

Age: _____ Height: _____ Weight: _____

Other: _____

Witness Information

There were witnesses

Number of Witnesses _____

Witness(es)'s Name(s) and Position(s), if known.
If not known include a description.

There were no witnesses



General Information

Was this incident reported to the supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the supervisor	_____	
Have an investigation been initiated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of complainant

Date