**Workplace Harassment or Bullying Complaint Form**

**Section 1: Complainant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Department** |  |
| **Employee ID** |  | **Job Title** |  |
| **Supervisor’s Name** |  | **Email Address** |  |
| **Contact Number** |  | **Date of Complaint** |  |

**Section 2: Alleged Offender(s) Information**

|  |  |
| --- | --- |
| **Field** | **Details** |
| Name of Person(s) Involved |  |
| Department / Position |  |
| Relationship to You (e.g., supervisor, co-worker, subordinate) |  |

**Section 3: Details of the Incident**

|  |  |
| --- | --- |
| **Question** | **Response** |
| Date(s) and Time(s) of Incident(s) |  |
| Location(s) of Incident(s) |  |
| Type of Misconduct (Check all that apply) | ☐ Verbal Abuse ☐ Physical Harassment ☐ Bullying ☐ Discrimination ☐ Sexual Harassment ☐ Retaliation ☐ Other: \_\_\_\_\_\_\_\_ |
| Describe What Happened (Include details of words/actions, frequency, and witnesses) |  |
| Were there any witnesses? (If yes, list their names and departments) |  |
| Have you previously reported this issue? (If yes, specify when, to whom, and what action was taken) |  |

**Section 4: Supporting Evidence**

| **Type of Evidence** | **Description / File Name** |
| --- | --- |
| Emails / Messages |  |
| Photos / Videos |  |
| Documents / Reports |  |
| Other (Specify) |  |

**Section 5: Desired Resolution**

| **Question** | **Response** |
| --- | --- |
| What outcome or action would you consider appropriate? |  |
| Would you be open to mediation or HR-facilitated resolution? | ☐ Yes ☐ No |

**Section 6: Confidentiality and Declaration**

I confirm that the information provided above is true and accurate to the best of my knowledge. I understand that this report will be handled confidentially and that retaliation against complainants is strictly prohibited.

| **Complainant Signature** | **Date** |
| --- | --- |
|  |  |

**Section 7: For HR / Management Use Only**

| **Field** | **Details** |
| --- | --- |
| Date Received |  |
| Case Reference No. |  |
| HR Officer / Investigator Assigned |  |
| Investigation Start Date |  |
| Findings Summary |  |
| Action Taken / Recommendations |  |
| Date of Resolution |  |
| HR Representative Signature |  |