**Hostile Work Environment Complaint Form**

**A. Employee Information**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Job Title/Position:** |  |
| **Department:** |  | **Supervisor’s Name:** |  |
| **Employee ID (if applicable):** |  | **Contact Number:** |  |
| **Email Address:** |  | **Date of Report:** |  |

**B. Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s) of Incident(s):** |  | **Time(s) of Incident(s):** |  |
| **Location of Incident(s):** |  | **Type of Behavior Experienced (Check all that apply):** |  |

**C. Individuals Involved**

**Person(s) causing the hostile behavior:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Job Title/Role: |  | Relationship to Employee: |  |

**Witnesses (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Contact: |  | Statement: |  |

(Add additional witness sections if needed)

**D. Description of Incident**

Provide a detailed description of what occurred. Include specific statements, actions, gestures, or behaviors.

**Description:**

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| --- |
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**E. Impact on Work Environment**

Describe how this incident has affected your work, well-being, or ability to perform your duties.

**Impact:**

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| --- |
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**F. Previous Actions Taken**

Have you reported this issue before?

If yes, provide details:

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| --- |
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|  |
|  |

Have you spoken directly to the person(s) involved?

If yes, describe the outcome:

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| --- |
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**G. Requested Resolution**

What outcome or action would you like the organization to take?

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**H. Additional Notes or Evidence**

Attach any emails, messages, screenshots, or documents that support your complaint.

**Notes:**

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**I. Employee Signature**

I confirm that the information provided above is accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For HR/Management Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Case/Reference Number:** |  | **Initial Review Notes:** |  |
| **Action Taken:** |  | | |
| **Follow-Up Date:** |  | **Case Status:** |  |