**Sexual Harassment Reporting Form**

(Confidential – To Be Submitted to HR / Compliance Office)

**1. Complainant Information (Person Reporting the Incident)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID (if applicable):** |  | **Department / Unit:** |  |
| **Job Title:** |  | **Phone Number:** |  |
| **Email:** |  | **Preferred Method of Contact:** |  |

**2. Respondent Information (Person Accused)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID (if applicable):** |  | **Department / Unit:** |  |
| **Job Title:** |  |  |  |
| **Relationship to You:** | ☐ Supervisor  ☐ Co-worker  ☐ Subordinate  ☐ Client/Visitor  ☐ Other: | | |

**3. Incident Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident:** |  | **Time of Incident:** |  |
| **Location of Incident:** |  | | |
| **Type of Sexual Harassment (Check all that apply):** | ☐ Unwelcome physical contact | ☐ Sexual comments, jokes, or inappropriate remarks | ☐ Displaying or sharing explicit content |
| ☐ Stalking or unwanted following | ☐ Requests for sexual favors (implicit or explicit) | ☐ Threats or retaliation related to sexual conduct |
| ☐ Online harassment (messages, email, social media) | ☐ Other: | |

**4. Description of the Incident**

(Please describe in detail what happened. Include words spoken, actions, gestures, and any other relevant information.)  
**Detailed Description:**

|  |
| --- |
|  |
|  |
|  |

**5. Witness Information (If any)**

* **Were there witnesses?**  
  ☐ Yes   ☐ No

If yes, please list:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Contact:** |  |
| **Name:** |  | **Contact:** |  |
| **Name:** |  | **Contact:** |  |

**6. Evidence Provided (If any)**

☐ Screenshots  
☐ Emails / Messages  
☐ Audio / Video  
☐ Photographs  
☐ Documents  
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach copies to this form.**

**7. Previous Actions Taken**

Have you previously reported this incident or related behavior?  
☐ Yes   ☐ No If yes:

|  |  |  |  |
| --- | --- | --- | --- |
| **When:** |  | **To whom:** | ` |
| **Outcome:** |  | | |

**8. Impact on You**

Please describe how the incident has affected you (emotionally, physically, professionally).

|  |
| --- |
|  |
|  |
|  |

**9. Requested Action / Desired Resolution**

(What steps do you want the organization to take?)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Formal investigation | ☐ Mediation | ☐ Transfer of employee | ☐ Disciplinary action |
| ☐ No contact order | ☐ Counseling support | ☐ Other: | |

**10. Declaration**

I declare that the information provided in this form is true and accurate to the best of my knowledge.

**Signature of Complainant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For Office Use Only (HR / Compliance)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Received By:** |  | **Date Received:** |  |
| **Case ID / Reference Number:** |  | **Action Taken:** |  |
| **Follow-up Date:** |  | **Investigator Assigned:** |  |