**Workplace Harassment Complaint Form**

**Confidential – For HR Use Only**

**1. Complainant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Job Title:** |  | **Email & Phone:** |  |

**2. Respondent (Person Complained Against) Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Employee ID (if known):** |  | **Department:** |  |
| **Job Title:** |  | | |

**3. Type of Harassment (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Verbal Harassment | ☐ Physical Harassment | ☐ Sexual Harassment | ☐ Psychological / Emotional Harassment |
| ☐ Discrimination-Based Harassment (race, gender, religion, etc.) | | ☐ Other: |  |

**4. Date(s) and Time(s) of Incident(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s):** |  | **Time(s):** |  |

**5. Location of Incident(s)**

|  |
| --- |
|  |

**6. Description of Incident(s)**

*(Provide a detailed account of what happened. Include any witnesses, actions, words, or materials involved.)*

|  |
| --- |
|  |
|  |

**7. Witnesses (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department** | **Contact Information** | **Relation to Incident** |
|  |  |  |  |
|  |  |  |  |

**8. Evidence (if any)**

*(Emails, screenshots, messages, photos, or documents relevant to the complaint)*

**9. Desired Outcome / Resolution**

* ☐ Formal Investigation
* ☐ Mediation / Discussion
* ☐ Disciplinary Action
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Declaration**

I declare that the information provided above is accurate and true to the best of my knowledge. I understand that submitting a false complaint may result in disciplinary action.

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

**For HR Department Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Complaint Received By: |  | Date Received: |  |
| Action Taken / Notes: |  | Investigation Outcome: |  |