

REPORT OF HARASSMENT

Employee Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Date of Alleged Harassment: \_\_\_\_\_

Location of Alleged Harassment: \_\_\_\_\_

Name of Alleged Harasser: \_\_\_\_\_

Position: \_\_\_\_\_

Department or School: \_\_\_\_\_

Description of the Incident(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Witness(es), if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making the Report

\_\_\_\_\_  
Signature of Person Taking the Report

(over)

