

Workplace Violence and Harassment Incident Form

Instructions: This form is designed for printing and manual completion. Please provide as much detailed information as possible regarding the incident.

1. Reporter Information

Full Name:

Job Title:

Department:

Phone Number:

Email Address:

Supervisor's Name:

2. Incident Details

Date of Incident:

Time of Incident:

Exact Location of Incident:

3. Accused Individual(s) Information (Respondent)

Name of Accused Individual:

Accused Individual's Job Title / Relationship:

Accused Individual's Department (if applicable):

4. Incident Description

Please describe the incident in detail (specify the behavior, words spoken, physical contact, or threats made):

5. Witnesses

Please list any individuals who witnessed the incident or have relevant information:

Witness 1 Name & Contact:

Witness 2 Name & Contact:

6. Signature and Date

By signing below, you acknowledge that the information provided is true and accurate to the best of your knowledge.

Reporter Signature: Date Signed: