

HR Use Only: Rpt. # _____

SEXUAL ASSAULT OR HARASSMENT INCIDENT REPORT FORM

Organization:	Person Reporting:
Date/Time of Occurrence:	Position:
Description of event (“ <i>who, what, when, where, why</i> ”): BE SPECIFIC	
Conclusion: <i>Have the allegations been substantiated as factual?</i> Yes No <i>Does the conduct violate org. policy?</i> No Sexual Other _____	
Disciplinary Action: Was disciplinary action taken? Yes No If yes, explain:	
Victim Assistance/Support: Supervisor Owner/Officer Other (<i>describe</i>)	
Notes / Additional Comments:	

FORMS ATTACHED:

- Checklist Complaint Form Respondent / Witness Form

Attach additional pages as necessary.

CHECKLIST FOR SEXUAL ASSAULT OR HARASSMENT COMPLAINTS

COMPLAINANT: _____

Date of Incident: _____ Department: _____

<u>DATE</u>	<u>NAME/INITIALS</u>	<u>ACTION</u>
<u>Company Owner/Officer/Supervisor</u>		
_____	_____	Received notice of incident or complaint from: _____
_____	_____	Notified Investigation Officer or Designee (Human Resources Director).
_____	_____	Interviewed Complainant.
_____	_____	Notified President and / or director of the member involved.
_____	_____	Notified Family, if applicable.
_____	_____	Notified Police, if applicable.
_____	_____	Completed investigation and processing of parties involved in incident.
_____	_____	Offered victim assistance (counseling, medical)
_____	_____	Interviewed alleged perpetrator (“Respondent”)
_____	_____	Interviewed witnesses, if applicable
_____	_____	Initiated sexual harassment education process, if applicable
_____	_____	Initiated disciplinary procedures, if applicable
_____	_____	Forwarded documentation to Title IX Officer (including this completed checklist).
<u>Investigaton Officer</u>		
_____	_____	Coordinated investigation of complaint, if applicable.
_____	_____	Confirmed initiation of harassment education, victim assistance and/or counseling for all parties as needed, including witnesses, and co-workers
_____	_____	Followed up execution of proper disciplinary procedures or corrective action, as applicable
_____	_____	Informed Complainant and Respondent of outcome of the investigation, if applicable.
_____	_____	Turned report in to Human Resources, showing final disposition, for year-end report to Owner, if applicable.
_____	_____	Closed file.

SEXUAL ASSAULT OR HARASSMENT COMPLAINT FORM

Complainant:		Department:	
Home Address:		Home Phone:	
		Date/Time of Incident:	
		Emergency Contact:	
	Position:	Supervisor:	

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that person:

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, and what, if any, physical contact was involved.

List any witnesses who were present (separate names by a semicolon “;”):

How did you or the person harassed (if not you) react to the harassment?

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident?

**This complaint is based upon my honest belief that _____
harassed me or another person. I hereby certify that the information I have provided in this
complaint is true, correct and complete to the best of my knowledge.**

Complainant's signature

Date

Witnessed by

Date

Attach additional pages as necessary

SEXUAL ASSAULT OR HARASSMENT FORM: RESPONDENT OR WITNESS

Person Alleged to Have Been Harassed: _____

Respondent/Witness:		Department:
Home Address:		Home Phone:
		Date/Time of Incident:
		Emergency Contact:
	Position:	Supervisor:

Describe the incident (*Where did it take place? What happened? What did you say and do? What did other people say and do? Include names, verbal statements, and a thorough description of physical contact, if any was involved.*)

List any witnesses who were present (separate names by a semicolon “;”):

Respondent: If you admit that statements made in the complaint are correct, why did you act the way that you did? If you disagree, please explain.

I hereby certify that the information I have provided in these answers is true, correct and complete to the best of my knowledge.

Respondent or Witness's signature

Date

Witnessed by

Date

Attach additional pages as necessary