



## HARASSMENT REPORT

### Identifying Information of Complaint

Name:

Position:

Contact Number:

Address:

School/Department:

### Details of Incident

Location of Incident (specify, e.g.: office, hallway, classroom, school grounds, etc.)

Date and Time of Incident

Nature of harassment:

- ☐ Ancestry, including colour and perceived race
- ☐ Nationality or national origins
- ☐ Ethnic background or origin
- ☐ Religion or creed or religious belief, religious association or religious activity
- ☐ Age
- ☐ Sex or gender, including circumstances related to pregnancy
- ☐ Sexual orientation
- ☐ Sexually inappropriate
- ☐ Marital or family status
- ☐ Source of income
- ☐ Physical or mental disability or related characteristics
- ☐ Psychological
- ☐ Other: \_\_\_\_\_

Form of harassment/violence:

- ☐ Verbal
- ☐ Written
- ☐ Electronic
- ☐ Physical
- ☐ Other: \_\_\_\_\_



Describe the incident (what happened):  
*Attach additional written description if required*

**Information of the Individual with whom the incident occurred**

Individual's name and or position, if known:

\_\_\_\_\_

Description, if individual's name and position not known:

- ☐ Male  
☐ Female  
☐ My Gender is \_\_\_\_\_  
☐ I prefer not to State

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Other: \_\_\_\_\_



### Witness Information

☐ There were witnesses

Number of Witnesses: \_\_\_\_\_

Witness(es)'s Name(s) and Position(s), if known.  
If not known include a description.

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

☐ There were no witnesses

### General Information

What measures were taken prior to formalizing a written report?

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

Was this incident reported to the supervisor?

- ☐ Yes  
☐ No

Name of Supervisor: \_\_\_\_\_

Has an investigation been initiated?

- ☐ Yes  
☐ No

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date