

Incident Report

Date of Report: [Insert Date]

Report Prepared by: [Your Name]

Department: [Your Department]

Incident Details

Date of Incident: [Insert Date]

Time of Incident: [Insert Time]

Location: [Insert Location]

Individuals Involved

Complainant: [Your Name]

Accused: [Name of Accused]

Description of Incident

[Provide a detailed description of the harassment incident including what happened, how it affected you, and any witnesses present.]

Action Taken

[Describe any immediate action taken following the incident, including notifications to HR or management.]

Witnesses

[List any witnesses and their contact information, if applicable.]

Follow-Up Actions Requested

[Detail any actions you believe should be taken to address the situation, such as an investigation or mediation.]

Signature

[Your Signature]

[Your Printed Name]