# Sexual Harassment and Discrimination Reporting Form

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### **Purpose**:

#### This form is designed to provide employees with a safe and confidential method of reporting any incidents of sexual harassment or discrimination that they have experienced or witnessed in the workplace.

***NOTE:*** *This template has been put together as a guide. Please ensure you customize and include any relevant legal requirements for your region.*

### Employee Information

* Employee Name:
* Employee Position:
* Department:
* Date of Report:
* Preferred Contact Method (email/phone):

### Incident Details

##### Date(s) of Incident(s):

##### **Location of Incident(s)** *Check all that apply*:

* + Workplace (office, site, etc.)
	+ Work event or function
	+ Remote work environment (if applicable)
	+ Other:

##### **Describe the Incident(s)**:

Provide as much detail as possible, including the nature of the harassment or discrimination, who was involved, and the context of the event(s). Use additional space if necessary.

##### **Type of Harassment or Discrimination.** *Check all that apply*:

* + Sexual Harassment (e.g., inappropriate comments, gestures, advances)
	+ Discrimination (e.g., based on race, gender, age, disability, etc.)
	+ Bullying or Intimidation
	+ Retaliation for reporting harassment/discrimination
	+ Other:

##### **Names of Individuals Involved** (*If applicable*):

* **Perpetrator(s)** (If known):
* **Witnesses** (If applicable):

##### Were there any actions taken by you or others in response to the incident(s)?

* + Yes, I took action:
	+ No, I did not take action:
	+ Yes, others took action:

### Impact of Incident

##### **How did the incident(s) affect you?** (Check all that apply):

* + Emotional distress (anxiety, depression, etc.)
	+ Disruption to work performance
	+ Decreased job satisfaction or morale
	+ Physical harm or injury
	+ Other:

##### Have you previously reported this incident or similar incidents?

* + Yes (If yes, please provide details of when and to whom it was reported):
	+ No

### Desired Outcome

##### **What action would you like to see taken regarding this report?** *Check all that apply*:

* + Investigation into the incident(s)
	+ Discipline for the perpetrator(s)
	+ Training or awareness programs
	+ Other:

### Confidentiality

##### Would you prefer that your identity be kept confidential?

* Yes
* No

### Acknowledgment

By signing below, I confirm that the information provided in this report is accurate to the best of my knowledge. I understand that this report will be handled with the utmost seriousness and in accordance with the Employer’s policies regarding harassment and discrimination. I also understand that retaliation against any individual who files a report or participates in an investigation is prohibited.

Employee Signature:
Date:

### For HR/Management Use Only

Received By:
Date Received:
Investigation Start Date:
Follow-Up Action Taken:
Final Outcome:

### *NOTE:Please remove the following when using this form.*

### Notes for Customization:

* **Incident Details**:
Depending on your company’s reporting structure, you can also allow employees to provide documentation or evidence, such as emails, screenshots, or recorded conversations, if available.
* **Confidentiality**:
Make sure to clearly communicate how you handle confidentiality and ensure compliance with data protection regulations.
* **Investigation and Follow-Up**:
This form should be part of a wider investigation process, so ensure that any necessary follow-up is tracked and handled appropriately.



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