# 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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