

Sexual Harassment and Discrimination Reporting Form

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

1. Date(s) of Incident(s):

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

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

3. 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.

4. 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: _____

5. Names of Individuals Involved (If applicable):

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

6. 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

7. 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: _____

8. 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

9. 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

10. 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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