



Report of Harassment Form

to be completed by employee

This form will be confidential between HR and the employee

Name: _____ **Today's Date:** _____

Position/Job Title: _____ **Department:** _____

Cellphone number: _____ **Work Number:** _____

Date(s) and time(s) of alleged incident:

Name of person you believe harassed you or another person:

If the alleged incident was directed at a person other than you, please identify the other person:

Please describe as clearly as possible what happened, including what was said and what, if any, physical contact occurred. Please attach additional pages, if needed.

Please describe how you or the person at whom the incident was directed responded or reacted to the incident, including what was said.

Where did the incident occur? (be specific)

Were there any witnesses? If so, please list their names.

Please provide any other information that you believe will assist New Song Community Church in investigating this incident.

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint.

Signature

Date

Return this form to Debbie Waller/Human Resource Director – Debbie@newsongchurch.com

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