



Workplace Violence and Harassment Reporting Form

Complainant Information	
Employee Name:	
Employee Phone Number:	(work)
	(home)
Employee Job Title:	
Incident Reported To:	
Date Reported:	

Incident Information	
Date & Time of Incident:	
Location of Incident: (in person, over the phone, etc)	
Name of Assaulter/Threatener	
<input type="checkbox"/> Co-worker <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Applicant/Tenant <input type="checkbox"/> Visitor <input type="checkbox"/> Delivery Person <input type="checkbox"/> Other _____	
If unknown, please describe the individual:	
Type of Assault: <input type="checkbox"/> Verbal Assault/Harassment <input type="checkbox"/> Threatening Comment/Action <input type="checkbox"/> Physical Assault <input type="checkbox"/> Struck/Hit/Punched <input type="checkbox"/> Bitten <input type="checkbox"/> Spit/Bodily Fluids <input type="checkbox"/> Pushed/Shoved <input type="checkbox"/> Kicked <input type="checkbox"/> Scratched <input type="checkbox"/> Other _____	

What started the incident?	
As closely as possible, what were the exact words used?	
What was used to physically assault you, if applicable?	
If you were threatened, was the person in a position to carry out the threat?	
What injuries did you sustain? Was medical treatment required?	
How did the incident end?	
Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness Name:	Witness Phone Number:
Witness Name:	Witness Phone Number:
Is there any supporting documents attached to this report <input type="checkbox"/> Yes <input type="checkbox"/> No Type: (photograph, text messages, etc)	
<i>Once complete, forward this form to the Chief Executive Officer Peterborough Housing Corporation</i>	

Employee Signature

Date

Supporting Documentation: PHC-HR-10 Workplace Violence and Harassment Prevention Policy
Workplace Violence and Harassment Program