Harassment Report Form

*Marine Operations*

This form is to be used as the first report of an alleged harassment incident. The person completing this form should submit it immediately to the HSE Manager at [**hse@tdi-bi.com**](mailto:hse@tdi-bi.com). Information regarding an alleged harassment incident shall be kept confidential to every extent possible. The individual reporting the incident shall not discuss this information outside of the investigative process. Additional information may be attached to this form.

* Harassment is defined as conduct and/or verbal action which is sufficiently severe, persistent or pervasive to affect an employee’s ability to work.
* Harassment includes but is not limited to incitement of or threat of violence; comments referring to race, gender, disability, age, national origin, religion or sexual orientation; and/or physical conduct by an employee, contractor, or third party which is unwelcome, hostile, or intimidating.
* Harassment also includes other forms of conduct and/or verbal actions that are derogatory, hostile, intimidating, threatening, “bullying,” humiliating or violent.

**Any form of harassment is a violation of TDI-Brooks International’s Harassment Policy and will not be tolerated.**

|  |  |
| --- | --- |
| *Submitted by: Print name* | *Submitted by: Signature* |
|  |  |
| *Best phone # to contact you* | *Best e-mail address to contact you* |
|  |  |
| *Vessel/ location where event occurred* | *Name of person being harassed*  *(if other than self)* |
|  |  |
| *Date of Incident and approximate time*  ***(01-January-2020)*** | *Date of report*  ***(01-January-2020)*** |
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| *1. Circle type of harassment (all that apply).* |
| **Age Race Religion Disability**  **National/ Ethnic Origin Gender/ Sexual Physical Attributes**  **Other- Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *2. Reported by (if other than the person being harassed)* |
|  |
| *3. Date and time of incident* |
|  |
| *4. Date and time reported* |
|  |
| *5. Print the name of the person who was being harassed.* |
|  |
| *6. Print the name(s) of the person(s) doing the harassing.* |
|  |
| *7. Harasser’s employer- if other than TDI-Brooks* |
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| *8. Location where incident occurred* |
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| *9. List names of any witnesses.* |
|  |
| *10. Describe what happened. Attach additional information if necessary.* |
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| *Date received by*  *HSE Manager*  ***(01-January-2020)*** | *HSE Manager’s*  *printed name* | *HSE Manager’s*  *Signature* |
|  |  |  |
| *Action taken:* | | |
|  | | |