**Harassment Report Form**

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)in order to activate a prompt and thorough investigation. 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. If a report is completed by someone other than the person claiming harassment, “Reported By” fields must be complete. 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.**

**Circle Type of Harassment: Age Race Religion Disability**

**National/ Ethnic Origin Gender/ Sexual Physical Attributes**

**Reported by (if other than the person being harassed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and Time Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of person being harassed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of person(s) harassing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Harasser’s employer if other than TDI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location Where Incident Occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Names of any Witnesses to the Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Description of Incident (attach additional information if necessary):**

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| --- | --- | --- | --- | --- |
| **Submitted by** | **Signatures** | | **Date** | |
| **Person being harassed** |  | |  | |
| **Person making claim** |  | |  | |
| **Received by** | **Printed Name** | **Signature** | | **Date** |
| **TDI HSE Manager** |  |  | |  |