**Sexual harassment report**

Use this form to report sexual harassment. It can be used by someone experiencing or seeing sexual harassment.

* If you need to, get someone you trust to help you fill it in.
* Give the completed form to the appropriate person in the organisation.

*This report will be treated confidentially. It will only be provided to the subject(s) of the complaint, support persons (including representatives) and those involved in investigating and considering it.*

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| --- | --- |
| Name | Add your name here. |
| Position within organisation | Add your position. |
| When did it happen? | Click here to enter a date. |
| Provide details of the incident, for example:   * Where did it occur? * Who was present? * What was said or done? Who by? What’s their position? * Who witnessed this incident? * How did this incident make you feel? * How has this incident affected you? * Have you taken any actions? If so, what? * What would you like to happen next? | Enter details here. |

* + I understand that I can seek help to complete this form.
  + I understand that the information provided in this report will be disclosed to the parties involved.
  + I declare to the best of my knowledge the information provided in this form is true and correct.

|  |  |
| --- | --- |
| Name or signature | Add your name here. |
| Date | Click here to enter a date. |