

# Incident Report

(Policy [Workplace Harassment F-VI-8](#); [Workplace Violence F-VI-9](#) )

Name of Person making Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Nature of Incident:      Violence \_\_\_\_\_      Harassment \_\_\_\_\_      Other \_\_\_\_\_

If "Other", please specify \_\_\_\_\_

Name(s) of Individual(s) involved in the Incident: \_\_\_\_\_

\_\_\_\_\_

Witness(es) to the Incident: \_\_\_\_\_

\_\_\_\_\_

Details: *(use back as necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_