

Report of Harassment/Retaliation Form

Name: _____

Telephone number: _____

Email address (personal): _____

Date(s) and time(s) of alleged incident: _____

Name of person you believe harassed you or another person: _____

Type of Conduct	Type of Harassment
<p>(check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> unwelcome sexual advances<input type="checkbox"/> requests for sexual favors<input type="checkbox"/> verbal conduct – slurs, threats, etc.<input type="checkbox"/> written conduct – notes, letters, etc.<input type="checkbox"/> visual conduct – body language, gestures, intimidation, etc.<input type="checkbox"/> physical conduct – assault, battery, etc.<input type="checkbox"/> sexual assault – unwelcome touching, rape, etc.<input type="checkbox"/> property damage – destruction, graffiti, arson, etc.<input type="checkbox"/> other: _____	<p>(check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> race, ethnicity or color<input type="checkbox"/> sex/gender, gender identity<input type="checkbox"/> sexual orientation<input type="checkbox"/> disability<input type="checkbox"/> religion or creed<input type="checkbox"/> age<input type="checkbox"/> pregnancy or marital status<input type="checkbox"/> medical condition<input type="checkbox"/> other: _____

If the alleged incident was directed at another person, please identify the other person:

Please describe as clearly as possible what happened, including what was said and what, if any, physical contact occurred. Please attach additional pages if needed.

Please describe how you or the person at whom the incident was directed responded or reacted to the incident, including what was said.

Where did the incident occur?

Were there any witnesses? If so, please list their names.

If there is any physical evidence of the harassment/retaliation, please describe or attach copy of evidence. For example, photos, emails, texts etc.

Please provide any other information that you believe will assist AFM Local 47 in investigating this incident.

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint.

Signature

Date