**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.*

|  |  |
| --- | --- |
| 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. |