



# Harassment and/or Violence Follow Up Form

Harassment

Violence

Complainant Employee's Name:	Complainant Employee's Position:
Alleged Harasser/Perpetrator's Name:	Alleged Harasser/Perpetrator's Position:
Date of the Incident(s):	Date of Formal Accusation:
Accusation received by: <input type="checkbox"/> Program Administrator <input type="checkbox"/> Supervisor <input type="checkbox"/> JHSC	
Investigation Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Findings (Results) from Investigation	
Action taken	