IISD Experimental Lakes Area

scan for PDF of form

Effective date: June 16, 2026 | Last revised: June 16, 2026
Owner: Pauline Gerrard | Number: FRM/ET/100-IRF-v1.0

# WORKPLACE VIOLENCE AND HARASSMENT INCIDENT REPORT FORM

This was an incident of: ☐ Harassment ☐ Violence

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**Name of Complainant:** _____

Address: _____

Phone number: _____

E-mail address: _____

Affiliation: _____

Name of supervisor/on-site contact: _____

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**Name of Respondent:** _____

Address: _____

Phone number: _____

E-mail address: _____

Affiliation: _____

Name of supervisor/on-site contact: _____

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**Date, time and location of incident:**

**Date:** _____ **Time:** _____

**Location:** _____

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**Describe in detail the nature of the incident.  Attach additional pages as necessary.**

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**Did anyone witness the incident?  If yes, name(s) of witness(es) and description of the respective role(s) played in the incident.**

**If applicable, describe any incident or threat that took place previously.**

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**Have you notified anyone else of the incident? If yes, provide name(s).**

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I acknowledge having read the *Workplace Violence and Harassment Prevention Policy*. I hereby certify that to the best of my knowledge the above-mentioned information is true, accurate and complete. I understand that making false or frivolous allegations is in violation of this policy and is subject to disciplinary sanctions.

_____ _____

Complainant signature Date