



WORKPLACE VIOLENCE AND HARASSMENT REPORTING FORM

The County will endeavour to keep all matters confidential unless the disclosure of such information is necessary to conduct a full and fair investigation, or if required by law.

Please complete this form in its entirety. Instructions for submitting this report can be found at the bottom of the report. Employees are encouraged to report incidents without fear of reprisal.

1. Report Details

Full Name:

Job Title:

Department:

Contact Information:

(Phone Number and Email Address)

Date of Report:

2. Incident Information

Date and Time of the Incident:

Location of the Incident: (Please specify the exact location-e.g. office, parking lot, virtual meeting, etc.)

Type of Incident (Please check all that apply):

Verbal Harassment

Physical Violence

Bullying

Other (please specify):

Sexual Harassment

Discrimination

Threatening Behaviour

3. Description of Incident

Details: (Please include a detailed account of the incident. Include as much detail as possible including actions, words used, physical actions, etc. Attach additional pages where necessary)

People Involved: (Please list names and roles of individuals involved)

Were there any witnesses?

Yes No

If yes, please provide details, Name(s) of Witness(es), Contact Information (if known), and Relationship to the Reporter

Are there any supporting documents? (e.g. e-mails, photographs, handwritten notes, text messages, etc.)

Yes No

If yes, please provide with the submission of this report.

Is there any physical evidence? (e.g. vandalized belongings)

Yes No

Actions Taken (If you have taken any action regarding this please describe here).

4. Impact of the Incident

How has the incident affected you? (Check all that apply):

- Emotional distress
- Physical injury
- Impact on work performance
- Other (please specify):

5. Previous Incidents

Have you experienced or reported similar incidents before?

Yes No

If yes, please provide details about the previous incidents (including dates, people involved, and outcomes if any):

6. Desired Outcome:

What resolutions or outcomes would you like to see? (e.g. mediation, investigation, no further action, etc.)

7. Signature and Acknowledgment

By signing below, you acknowledge and confirm that the information provided in this report is accurate to the best of your knowledge.

Employee Signature:

Date:

8. Report Submission

Your manager/supervisor is not involved

Reports should be submitted either in person or emailed directly to your manager or supervisor.

Your manager/supervisor is involved

Reports should be submitted either in person or emailed to your designated HR Business Partner or Manager, Administration EMS, the Director, Human Resources, or your Department Head.

As an employee of the County of Essex, you have access to confidential support through our Employee Assistance Plan ("**EAP**"). Please visit fseap.ca or call 1-844-720-1212 to access these services.