**Harassment or Abuse Reporting Form**

***Strictly Confidential***

Name of Complainant: ………………………………………………………………

Division & Designation: ……………………………………………………………

Date & time of the Incident: ………………………………….

Details of harassment or abuse: (Please use additional paper as required)

This section should specifically indicate;

* The name/s and other details of the abusers required for identification of the person/s
* Specific words, gestures or conduct that constitute towards violation of the policy on prohibition of harassment or abuse
* Any other related background information
* Details of witnesses if any
* Need to keep the complainant undisclosed whilst require to investigate the complaint (in instances disclosure not necessary for resolution)
* Any specific redress expected through this reporting

Signature of Complainant: ………………………………………………..

Date of reporting: …………………………………..

**For Official Use Only**

Date of receiving the Complaint: ……………………………………….

(Please place the HR division ‘received stamp’ on the attached harassment reporting paper)

Date of requesting explanation from the alleged abuser/s: …………………………..

Date of receiving explanation from the alleged abuser/s: …………………………….

Date/s of Inquiry: ………………………………….

Comments and concluding remarks on action taken: …………………………………………...

……………………………………………………………………………………………………………….

Date of finalization: ………………………