

WORKPLACE HARASSMENT INCIDENT REPORT

(Pursuant to the Employment Code Act No. 3 of 2019 and Penal Code, Cap. 87)

PART A: REPORTING PARTY (COMPLAINANT) INFORMATION

Full Name: _____

National Registration Card (NRC) Number: _____

Job Title/Position: _____

Department/Unit: _____

Phone Number: _____

Email Address (if applicable): _____

Supervisor's Name: _____

PART B: ALLEGED OFFENDER INFORMATION

Full Name: _____

Position/Title: _____

Department/Unit (if known): _____

Relationship to Complainant: ☐ Supervisor ☐ Co-worker ☐ Subordinate

☐ Contractor ☐ Other: _____

PART C: INCIDENT DETAILS

Date(s) of Incident: _____

Time(s): _____

Location of Incident: _____

Type of Harassment Alleged (tick all that apply):

- ☐ Verbal abuse or threats
- ☐ Unwelcome touching or physical contact
- ☐ Sexual innuendo or jokes
- ☐ Bullying or intimidation
- ☐ Discriminatory comments (e.g., based on gender, tribe, religion)
- ☐ Electronic harassment (e.g., SMS, email, social media)
- ☐ Other: _____

Detailed Description of Incident(s):

Please provide a clear, factual account of what occurred. Include what was said or done, the context, tone, and actions taken.

PART D: WITNESSES (IF ANY)

1. Name: _____

Contact (if known): _____

Relationship to Incident: _____

2. Name: _____

Contact (if known): _____

Relationship to Incident: _____

PART E: PREVIOUS ACTIONS (IF ANY)

Did you report the incident before? ☐ Yes ☐ No

If yes, to whom? _____

Date of Report: _____

Was any action taken? ☐ Yes ☐ No ☐ Not Sure

Details of Action (if known): _____

PART F: REMEDY REQUESTED

☐ Formal investigation

☐ Verbal or written apology

☐ Disciplinary action

☐ Transfer to another department

☐ Counselling support

☐ Other (please specify):

PART G: DECLARATION

PC | LP

I, the undersigned, declare that the information provided above is true and correct to the best of my knowledge. I submit this report in good faith and in accordance with internal grievance procedures and the provisions of the **Employment Code Act No. 3 of 2019, Section 28** on the *protection from sexual harassment and victimisation in the workplace*, and **Sections 137A–140 of the Penal Code (Cap. 87)** for criminal harassment or assault.

Signature of Complainant: _____

Date: _____

PART H: OFFICE USE ONLY

Received By (Name): _____

Position: _____

Date Received: _____

Reference/Case Number: _____

Initial Action Taken: ☐ Acknowledged ☐ Escalated to HR/Management

☐ Internal Mediation

Date of Next Action/Meeting: _____

Signature of Receiving Officer: _____

PC | LP

Patrick Chulu Legal Practitioners

Stamp (if applicable): _____

PC | LP