

Workplace Harassment and Violence Prevention Program
Concern Report Form

Worker Name:	Date:
Description of Concern: <i>(Including: location, date, person(s) involved, witnesses, what happened, where it occurred, what led to the concern, what if any action was taken, what impact the incident had on you. Please attach additional paper if necessary.)</i>	
<hr/> Worker Signature	<hr/> Date
To be completed By Employer: I received the above concern on the following date:	
<hr/> Employer Signature	<hr/> Date
Employer proposed action to be taken to resolve the above concern:	
Please check the appropriate box, then sign to confirm your response: <input type="checkbox"/> Worker agrees with the proposed action <input type="checkbox"/> Worker does not agree with proposed action	
<hr/> Worker Signature	<hr/> Date
<i>Completed form will be forwarded to Employer for action.</i>	