

## Notice of Occurrence Form

To be Delivered, Faxed, or E-mailed to the HEA the Designated Recipient

Note: Oral submissions may be allowed if a written submission is not possible.

Issued January 2021

Name: \_\_\_\_\_  I prefer to remain anonymous

Union #: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Date Received: \_\_\_\_\_

1. Who was responsible for the harassment, discrimination, or act of workplace violence?

\_\_\_\_\_

2. Date harassment, discrimination, or incident of workplace violence occurred?

\_\_\_\_\_

3. Description of harassment, discrimination, and/or workplace violence:

Include as much information as possible, including dates, times, places and conduct you are complaining about. Attach additional sheets if necessary.

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4. Potential Witnesses:

List any individuals who may have information about the alleged harassment, discrimination or workplace violence or who may have observed it.

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5. What was your response/your reaction to the alleged harasser, discrimination or person or persons allegedly responsible for workplace violence?

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6. Was this an isolated occurrence who has it happened in the past? If so, please give all the details and answer the above questions again.

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I understand these incidents will be investigated and will cooperate fully with the investigation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I prefer to remain anonymous.