

# Harassment & Discrimination Incident Documentation



## Template

Use this template to capture and document all incidents of workplace discrimination, harassment, and retaliation.

It is important to record all the details as you remember them. If you haven't documented past events, do that immediately.

**Every day:** ask yourself if something new happened. If it did, no matter how minor, document it! Showing a pattern of harassment and discrimination is important if your complaint must be escalated.



### Tips and Best Practices:

- Start a journal. Use a notebook or online journal to keep all information in one place, and easily accessible.
- If you are using a physical journal, create an INDEX to find information quickly (get more info about indexing [HERE](#)).
- If you are using a digital journal, use keywords so you can find information quickly.
- Keep your record on a **non-work** device. Save your documentation to a non-work cloud file (Google Drive, Dropbox, etc).
- Forward all relevant email communication to your personal email. BCC yourself on your email communications.
- For more templates see our Resources Page [HERE](#).

Document  
Everything!

# Harassment & Discrimination Incident Documentation



Incident Date:

Approximate Time:

Location of Incident:

Type of Discrimination: Choose all that apply

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Age       | <input type="checkbox"/> Gender/Sex                        | <input type="checkbox"/> Race            | <input type="checkbox"/> Disability          |
| <input type="checkbox"/> Religion  | <input type="checkbox"/> Gender Expression/<br>Orientation | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Equal Pay | <input type="checkbox"/> Pregnancy                         | <input type="checkbox"/> Color           |  |

Type of Harassment: Choose all that apply

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Physical<br>Harassment | <input type="checkbox"/> Sexual<br>Harassment | <input type="checkbox"/> Verbal<br>Harassment | <input type="checkbox"/> Retaliation |
|---|---|---|--------------------------------------|

Other:

Person/s Involved in Incident: (Name, Title, Department, Company)

Witnesses: (Name, Title, Department, Company)

Detailed Account: (Include how you felt/feel)

Detailed Cost/Impact to you:

## Follow-Up / Cross Reference:

Is there a follow-up incident, conversation, or resolution to this incident?

Yes

No

Follow-up Date:

Page #'s

Page: