

FARM NAME _____

DOC 3.43 Form for Documenting a Harassment or Discrimination Incident

If your situation is an emergency or requires medical attention, please call 911 or this farm's emergency number (_____) immediately.

Date of Incident: _____

Explanation of Incident:

- Harassment
- Discrimination
- Retaliation

VICTIM/SURVIVOR INFORMATION

Are you the:

- Victim/survivor of the incident
- Victim/survivor's friend, family member or partner
- Victim/survivor's advocate
- Assailant/perpetrator
- Other Explain: _____

You are a:

- Employee
- Supervisor
- Visitor
- Family member
- Other Explain: _____

Your first name: _____

Your last name: _____

Phone No: _____

Email: _____

The victim/survivor is:

- Under 18
- 19 or above

Note: Checking this box may trigger mandatory reporting requirements if the victim's identity is revealed.

The victim/survivor identifies as:

- Female
- Male
- Transgender
- Other

Victim/survivor first name: _____

Victim/survivor last name: _____

Victim/survivor phone: _____

Victim/survivor email: _____

Record/Log Sheets

ASSAILANT/PERPETRATOR INFORMATION

Please identify the person or circumstance your complaint is about.

NOTE: As the person completing this form, you may choose whether or not to identify yourself. If you are not the victim, please only include the victim's information if she or he wishes. If you provide identity information, you can expect an appropriate follow up investigation. For information only reports, you should omit all personal identifiers.

The assailant/perpetrator(s) is:

- Employee
- Supervisor
- Family member
- Farm visitor
- An acquaintance of the victim
- A stranger to the victim
- Dating/in a relationship
- There were more than one
- Unknown
- Other Explain _____

The assailant/perpetrator identifies as:

- Female
- Male
- Transgender
- Other Explain _____

First name (if known): _____

Last name (if known): _____

Contact information (if known): _____

Are you associated or related to this person? YES NO

This person is a:

- Employee
- Supervisor
- Visitor
- Family member
- Other Explain _____

COMPLAINT/INCIDENT INFORMATION

Be advised that some or all of the information you provide here may be shared with the person(s) you are complaining about. You are allowed to supplement this information later if you wish to share additional details.

The incident is best described as:

- Stalking (following, calling, contact from a person who has been asked to stop.)
- Sexual assault (sexual contact without consent)
- Sexual harassment (name calling, teasing, etc.)
- Intimate violence (within a dating or domestic relationship)
- Public indecency (flashing, mooning, etc.)
- Acquaintance rape

Record/Log Sheets

- Stranger rape
- Discrimination Explain _____
- Other Explain _____

Has the victim/survivor:

- Sought medical attention
- Contacted a counseling agency
- Contacted an attorney
- Told friends or family
- Reported the incident to farm supervisory staff
- Reported the incident to law enforcement

Where did the assault occur?

- At place of employment
- Provided housing on farm
- Victim/survivor's home
- Assailant's home
- Other Explain _____

Type of force used was:

- Verbal pressure
- Threat of physical harm
- Threat of emotional harm
- Use of physical force
- Abuse of position of authority (supervisor, foreman etc.)
- Abuse of state of consciousness of the victim
- Other Explain _____

Describe the incident(s)/event(s):

Please include dates, times, locations and any potential witnesses.

Is this is a recurring situation, has any action been taken to stop the behavior and what was the outcome?

Please provide any additional information. You can also submit documentation later in this process, if needed.

FOR INTERNAL USE

Investigator's name: _____

Title: _____