Humanists of Minnesota

Harassment Incident Report

Date/Time: _____ Event: _____

Reporter's Name and Contact: _____
Please PRINT

_____
The best way to contact you: Phone, E-Mail, Other

Description of Incident: _____
Please describe the incident in detail, including your reaction to the incident

_____

_____

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_____

Person(s) who witnessed the incident, if any:

_____

_____
Please provide name(s) and contact information

_____

I understand that this matter will need to be investigated but all information will be kept confidential to the extent possible.

Attendee: _____

Form received by: _____
Signature of Board Member receiving form