**Reporting form**

This form can be used by someone experiencing or seeing sexual harassment and is designed to give you guidance about what information to include when making a report of sexual harassment. Before making a report, you may wish to refer to our Sexual Harassment Policy which outlines the processes we may take, options that are available to you and our approach to confidentiality.

Please note:

* You can ask someone you trust to help you fill it in.
* If you prefer you can use this form as a guide for the information required to draft an email or have a conversation.
* It is helpful to have your report written down as this makes it easier for those considering it to ensure they have all the information and that they haven’t missed anything.
* Give the completed form to: [insert name of relevant person in the organisation].

**GUIDANCE: Whoever is listed here should replicate whoever is listed in the Reporting/Complaints section of your policy. See** [**SoundCheck Aotearoa website**](https://www.soundcheckaotearoa.co.nz/sexual-harassment-policy) **for policy templates. Delete this box before finalising the reporting form by clicking on it and deleting.**

If you make a report of sexual harassment, we will discuss the options with you before any steps are taken or information is disclosed to the person the allegations are about.

**Please note that a formal investigation will require a disclosure of the information you provide below and subsequently to the person it is about.**

|  |  |
| --- | --- |
| Full name: |  |
| Position within the organisation: |  |
| Preferred contact method: *Provide your phone number and/or email address and let us know how you would prefer we contact you (e.g. text, call etc)* |  |
| When did the incident(s) happen:  *(date and time)* |  |
| Is it still ongoing? |  |
| Provide as many details as you are comfortable to share about the incident(s), for example:* Where did it occur?
* Who was present?
* What was said or done? Who by? What’s their role?
* Who witnessed this incident?
* How has this affected you?
* Have you taken any actions? If so, what?
* What would you like to happen next?
 |  |

Please note this form is to assist you in reporting your concerns internally.  Although we have used the example form developed by SoundCheck Aotearoa, they cannot receive reports under this policy.

* I understand that I can seek help or advice to complete this form.
* I declare to the best of my knowledge the information provided in this form is true and correct.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |