



Diocese of Huron
Workplace Harassment and Violence Prevention

Concern Report Form

Worker Name:	Date:
Description of Concern: <i>(Including: location, date, person(s) involved, witnesses, what happened, where it occurred, what led to the concern, what if any action was taken, what impact the incident had on you. Please attach additional paper if necessary)</i>	
_____	_____
Worker Signature	Date
To be completed by Employer: I received the above concern on the following date:	
_____	_____
Employer Signature	Date
Employer proposed action to be taken to resolve the above concern:	
Please check the appropriate box, then sign to confirm your response:	
<input type="checkbox"/> Worker agrees with the proposed action	
<input type="checkbox"/> Worker does not agree with the proposed action	
_____	_____
Worker Signature	Date
Completed form will be forwarded to Employer for action	