



Diocese of Huron
Workplace Harassment and Violence Prevention

Concern Report Form

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| 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 | |