

**HARASSMENT QUESTIONNAIRE**

(Sexual, Racial, etc.)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please answer all of the following to the best of your ability. If a question does not seem to apply to you, move on to the next one.

Provide specific examples of all alleged verbal and/or physical harassment. Be as exact as you can in describing each act of harassment (e.g., the exact words that were said and/or the exact nature of any physical harassment). If more space is needed for any response, please use additional pages.

1. For each act of alleged harassment, indicate the following:

a. Detailed description of the harassment, including dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Name and title of person(s) doing the harassment and the working relationship of each person to you (e.g., immediate supervisor, coworker, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you were subjected to unwanted harassment, what was your employment status in any way threatened if you did not go along with the harassment? For example, did the harasser tell you that you would be discharged, would receive a lower evaluation, would not receive a pay raise or promotion? If your answer is yes, provide specifics about what was told to you. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you inform the person doing the harassment that you objected to what was said or being done? If yes, what did you say? What was the response, if any? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the employer have a (sexual) harassment policy that you are aware of? Is there a provision for reporting sexual or other types of harassment? If so, did you use that procedure? If you have a copy of this policy, please attach it to this document. \_\_\_\_\_

\_\_\_\_\_

5. Did you report the harassment to any employer official or representative? \_\_\_\_\_  
If yes, indicate the following:
- a. Name of person \_\_\_\_\_
  - b. Job title \_\_\_\_\_
  - c. Which acts of harassment did you report? \_\_\_\_\_  
\_\_\_\_\_
  - d. When did you report this harassment? \_\_\_\_\_
  - e. Did you report this harassment orally or in writing? \_\_\_\_\_
  - f. If in writing, do you have a copy of the complaint? \_\_\_\_\_ If so, please attach.
  - g. What happened as a result of your complaint? If you received a written response, please attach a copy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Other than as described in Question #4 above, did you tell any co-workers about any act or acts of harassment? \_\_\_\_\_ If yes, provide the following information:
- a. Name/address/phone number of coworker(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Indicate which act or acts of harassment you mentioned and the date you mentioned the acts. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. When did you tell the person or persons? \_\_\_\_\_  
\_\_\_\_\_
7. To the best of your knowledge, have any other current or former employees been subjected to similar harassment? \_\_\_\_\_ If yes, provide the following for each such employee (add extra pages if needed).
- a. Name \_\_\_\_\_
  - b. Job title \_\_\_\_\_
  - c. Address/Phone Number \_\_\_\_\_  
\_\_\_\_\_

d. Description of harassment received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Name and job title of each person doing the harassment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Approximate date(s) of harassment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. How are you aware that this other harassment occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If you were not directly harassed but were affected by the offensive conduct of a harasser toward another person, provide the name, position, or other identification of the person harassed and the harasser: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Were there any other witnesses to harassment? If so, provide the name and job title of each such witness, along with his/her telephone number and address if you know them; please indicate which incident(s) the individual(s) witnessed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Additional space to answer questions. Please indicate the question number you are referencing.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I declare under penalty of perjury that all of the information I have given in this document is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date