

Confidential Notice of Concern

Individual(s) of Concern:

Date of occurrence:

Time of occurrence:

Type of Concern:

☐ Inappropriate behavior in the workplace

☐ Sexual harassment policy violation

☐ Retaliation

☐ Other concern:

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, and who was notified? If reported to the State, what was their recommendation about investigating? Attach additional sheets if needed.

Has this situation ever occurred previously? Attach additional sheets if needed.

If you answered yes to the previous question:

What action was taken? How was the situation handled, who was involved, who was questioned, were police called? Attach additional sheets if needed.

What is the follow-up plan? Does anyone else need to be notified? Will the situation needs monitoring? Would you like someone to call you to discuss this situation? Attach additional sheets if needed.

Submitted by:

Telephone number:

Location and address: