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*Attorney-Client Privileged Communication*  
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Office of the Solicitor, Employment and Labor Law Unit  
**Intake Form for Emergency Harassing Conduct Matters**

Date:

Management

Name:

Number:

HR/ER Specialist

Name:

Number:

Victim of Harassing Conduct:

Name:

Grade and position:

Bureau/Office:

Office Location:

Supervisor's Name & Title:

Protected Status (Please check all that apply):

- |                                   |  |  |   |
|-----------------------------------|--|--|---|
| <input type="checkbox"/> Sex      | <input type="checkbox"/> Age             | <input type="checkbox"/> National Origin | <input type="checkbox"/> Family Medical History |
| <input type="checkbox"/> Race     | <input type="checkbox"/> Color           | <input type="checkbox"/> Disability      | <input type="checkbox"/> Sexual Orientation     |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Parental Status | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Political Affiliation  |

Alleged Harasser:

Name:

Grade and position:

Bureau/Office:

Office Location:

Supervisor's Name & Title:

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Describe Allegations (Please describe the issue; provide details as to where the event took place, when did it occur; is this a threat/safety issue; attach all relevant documents.):

Relationship between victim and alleged harasser (e.g. co-worker, manager/subordinate):

Witnesses to the conduct:

Names:

Former complaints or allegations against the harasser? Yes  No

Former complaints or allegations by the victim? Yes  No