

ANTI-HARASSMENT
Notification Reporting Form
Office of the Chief Financial Officer

To meet the notification requirements of the Office of the Chief Financial Officer's (OCFO) Anti-Harassment Policy, Management Officials who receive a report of harassment are required to complete Section A of this form (Management Harassment Notification Form) and submit it by email to the Human Resources (HR) Director within:

1. Twenty-four (24) hours if the allegation of harassment is of a sexual nature or involves sexual assault. Further, if there are allegations of sexual assault, employee safety is paramount (*to include separating the reported victim/s from the alleged accused party/s*), the management official must report the incident to local law enforcement immediately (not to exceed 24 hours);
2. Two (2) duty days if the allegation of harassment is not of sexual nature.

This notification should be made by email by attaching the form with Section A completely filled out. In situations where email use is not possible, the notification HR can be made by telephone as long as the management official provides all of the information in Section A of this form. Regardless of how the initial notification is made, Section A of this form must be submitted to the HR Director or (HR Designee), along with any supporting documentation, within the timeframes listed above.

This form may be filled out in legible handwriting or it may be typewritten. Please note, if you require more space to list additional witnesses or alleged offenders, the last page of this form is a supplemental worksheet for that purpose. You may copy this worksheet as many times as necessary.

Section A: Office of the Chief Financial Officer (Management Official)

Reporting Management Official Information	
1. Last name: First name: Middle initial:	
2. Job title:	
3. Work email address:	
4. Work phone number:	

FOR HR USE ONLY
Case Reference Number

<p>5. Reporting management official category:</p> <p><input type="checkbox"/> Immediate Supervisor, 2nd level Supervisor, or any other management official within the organizational unit</p> <p><input type="checkbox"/> Civil Rights and Conflict Management Office (CRCMO) Director or Chief</p> <p><input type="checkbox"/> Human Resources HR Director or (HR Designee)</p>
<p>6. Date incident was reported to you (if unsure, enter today's date):</p>
<p>7. Date Management Official reported incident to HR Director or (HR Designee), (<i>refer to timeframes at the top of this form for more guidance</i>):</p>
<p>8. How was incident reported?</p> <p><input type="checkbox"/> Call Center <input type="checkbox"/> Management Official <input type="checkbox"/> OIG Hotline <input type="checkbox"/> Self Service</p> <p><input type="checkbox"/> Other: _____</p>
<p>9. Who reported harassment to you?</p> <p><input type="checkbox"/> Affected Individual <input type="checkbox"/> Witness <input type="checkbox"/> Anonymous Witness</p> <p><input type="checkbox"/> Other: _____</p>
<p>Affected Individual Information</p>
<p>10. OCFO employee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Last name: First name: Middle initial:</p>
<p>12. If name unknown, please provide description of individual (<i>i.e., nickname, physical description, etc.</i>):</p>
<p>13. Duty station/location (<i>or for non-OCFO employee location incident occurred</i>):</p>

14. Job title:
15. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to Respond
16. If non-OCFO employee, select the appropriate category: <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Administratively Determined <input type="checkbox"/> Employee of Another Federal Agency: _____ <input type="checkbox"/> Former OCFO Employee <input type="checkbox"/> Other (i.e., members of the public): _____ <input type="checkbox"/> Unknown
17. Contact information:
Sexual Assault/Violence Information
18. Did the individual report the incident involved sexual assault/violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. If sexual assault/violence, provide details:
20. If sexual assault/violence, was local security office or station notified. <i>Note: Employee safety is paramount; separate the reported victim/s from the alleged accused party/s), Management Officials are required to notify local security office or station immediately, but no later than 24 hours after being notified.</i> <input type="checkbox"/> Yes, date notified (if unknown, enter approximate date): _____ <input type="checkbox"/> No
21. If sexual assault/violence, local security office or station notified name (<i>security office or station may include city, state, county/agency's security department</i>):

Alleged Offender Information

Note: If you have additional Alleged Offender(s), please refer to the supplemental Alleged Offender/Witness form at the end of this document.

22. OCFO employee?

- Yes No

23. Last name, first name and middle initial:

24. If name unknown, please provide description of individual (*i.e., nickname, physical description, etc.*):

25. Duty location (*or for non-OCFO employee location incident occurred*):

26. Job title:

27. Gender:

- Male Female Declined to Respond

28. If non-OCFO employee, select the appropriate category:

- Contractor Volunteer Administratively Determined
 Employee of Another Federal Agency: _____ Former Employee
 Other (*i.e., members of the public*): _____ Unknown

29. Contact information:

Incident Details

30. Description of allegations and any other relevant information – **be as specific as possible (who, what, when, where):**

31. Date(s) harassment occurred:

Specific Date: _____

Approximate Date: _____

Date Range: _____

Is harassment ongoing? Yes No

32. Did incident occur: On Duty Off Duty Both

33. Where did incident occur?
34. Did the incident occur on OCFO controlled property? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. How did the incident occur? (<i>Examples of virtual include email, instant message, social media</i>) <input type="checkbox"/> In Person <input type="checkbox"/> Virtual <input type="checkbox"/> Both
Witness with Relevant Information <i>Note: If you have additional Witnesses, please refer to the supplemental Alleged Offender/Witness form at the end of this document.</i>
36. Is this witness the individual who reported the incident to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. OCFO employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Last name, first name and middle initial
39. If name unknown, please provide description of individual (<i>i.e., nickname, physical description, etc.</i>):
40. If non-OCFO employee, select the appropriate category: <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Administratively Determined <input type="checkbox"/> Employee of Another Federal Agency: _____ <input type="checkbox"/> Former Employee <input type="checkbox"/> Other (<i>i.e., members of the public</i>): _____ <input type="checkbox"/> Unknown

Section B: HR Director or (HR Designee) (If Section A is missing information, please call the Management Official who completed Section A and return it for completion.)

For completion by HR Director or (HR Designee) only: Report Information
1. Has this issue been reported and reviewed prior? If yes, provide related case information.
2. HR Director or (HR Designee) categorization of alleged harassment (<i>select all that apply</i>): <input type="checkbox"/> Sexual Assault/Violence <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> EEO Related Harassment <input type="checkbox"/> Other Harassment/Bullying
3. Enter the names of the Affected Individual's HR Director or (HR Designee).
4. Enter the names of the first Alleged Offender's (<i>as noted in question 23 above</i>) HR Director or (HR Designee)

HR Director or (HR Designee) Signature: _____ **Date:** _____