

# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

## WORKPLACE HARASSMENT REPORTING FORM

Harassment negatively impacts the work environment and individual wellbeing and will not be tolerated in PAHO. This form is to be used to report all types of harassment, as specified in PAHO's Policy on the Prevention and Resolution of Harassment, that occur at a PAHO workplace or at a work-sponsored activity or event outside the workplace. The person completing the form does not need to be the person who allegedly experienced harassment, but may be someone who is concerned by the situation.

Person(s) Reporting Alleged Harassment:

\_\_\_\_\_

Duty Station: \_\_\_\_\_ Area: \_\_\_\_\_

Unit: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Person(s) Experiencing Alleged Harassment (if different from person reporting it):

\_\_\_\_\_

Duty Station: \_\_\_\_\_ Area: \_\_\_\_\_

Unit: \_\_\_\_\_

Person(s) Committing Alleged Harassment:

\_\_\_\_\_

Duty Station: \_\_\_\_\_ Area: \_\_\_\_\_

Unit: \_\_\_\_\_

Using the space below and any additional attachments, please describe the specific act(s) or behavior(s) that you feel amount to harassment. List each incident separately and be as specific as possible, including precise date(s), time(s) and location(s), if available.

Please list anyone who witnessed the alleged harassment or who can provide relevant information regarding the concerns you have expressed. Include all contact information (i.e. phone, email address, if available) for each witness as well as a brief explanation of the witness' knowledge of the situation.

Please specify if there are any documents or emails which contain information supporting the incidents described above.

Please indicate if you have ever taken any action to try to stop the behavior that you are reporting. If yes, briefly describe the action taken.

Please provide any additional information or comments.

I am aware that an informal process is available to try to resolve my concerns, including recourse to PAHO’s Ombudsperson and to mediation, but feel that a formal process is appropriate at this stage to address the harassment alleged in this report. I agree to cooperate with any investigation conducted by the Investigations Office into this matter and understand that if I am found to have acted in bad faith or knowingly misstated any material fact, I may be subject to disciplinary action under PAHO’s Staff Rules.

Signed: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return this form to:**

The Investigations Office at the Pan American Health Organization by email at [investigations@paho.org](mailto:investigations@paho.org) or online at [www.pahoethics.org](http://www.pahoethics.org)

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