

# Workplace Harassment Complaint Verification Sheet

## 1. Complainant Details

Full Name

Department/Designation

Contact Information

## 2. Accused Details

Full Name

Department/Designation

## 3. Incident Details

Date of Incident

Location

Description of Incident

Witness(es) (if any)

## 4. Evidence Provided

Type of Evidence	Description

## 5. Initial Verification

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Summary of Findings

Status

**6. Verification Team**

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Name(s) of Verifying Officer(s)

Date of Verification

Additional Notes