



**To report an incident under the PASS Anti-Harassment Policy please complete below and submit** to PASS Governance [governance@pass.org](mailto:governance@pass.org).

Note: The AHRC will commit to a full investigation and take whatever action is appropriate. Privacy and trust is our highest concern. We want PASS members to feel comfortable disclosing any behavior they consider to be a violation of the AHP.

**Person Reporting Incident**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Person subjected to alleged harassment (if different than above)**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Person (s) in alleged violation**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Witness**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Witness**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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



Summary of alleged incident: \_\_\_\_\_

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**By signing below, I agree the above information is accurate to the best of my knowledge.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Reporter Signature**

\_\_\_\_\_  
**Anti-Harassment Officer Signature**