

APPENDIX I

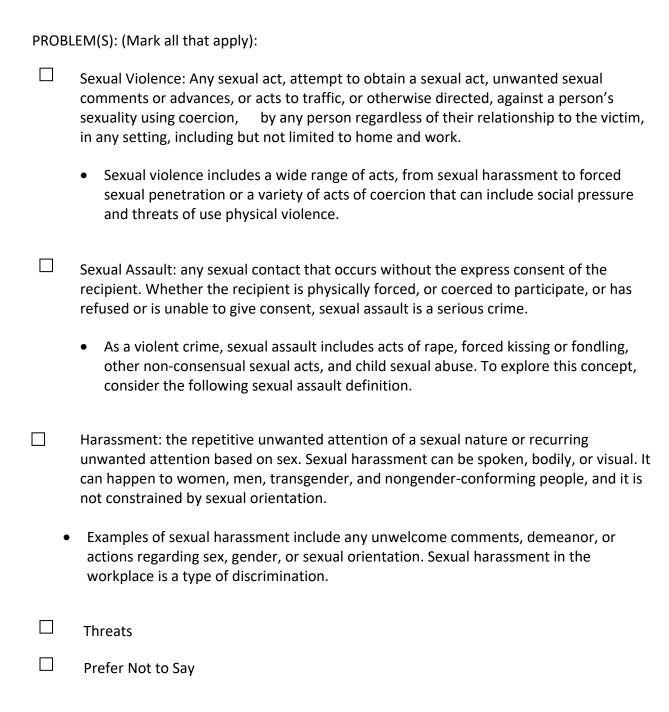
EXAMPLE INCIDENT FORM FOR REPORTING WORKPLACE SEXUAL HARASSMENT OF FARMWORKERS

INSTRUCTIONS: Information shared with the organizations included in this will remain strictly confidential to the extent allowed by law.

Some organizations such as state agencies and educators are required to disclose identifying information. After you complete the following form, send a copy of the referral form with a date and county of the referral for record tracking purposes to the WA Human Rights Commission.

(Please provide all available information for the informant/victim)

Name:	
Mailing Address:	
Telephone number:	
Email address:	
Sexual Identity:FemaleMale	_TransgenderGender Fluid
(Please provide information about the person completing the referral)	
Name:	_Agency/Office:
Telephone number:	Email address:





Keeping in mind the privacy and safety of the victim, please check the preferred method of referral contact. Check all that apply.

The informant/victim prefers to be contacted by:
Telephone / Text Message
With a message from someone that says the call is from an agency/office that can offer help
With a message from someone that says the call is from an agency/office that can offer help
With a message from someone who only leaves their name and telephone number
Only a phone call with no voicemail or text message
Email
Have an agency/office that can offer help visit the victim
The person that completed this form, or someone that the victim trusts and can be a safe contact:
Name of support person:
Mailing Address:
Telephone number:
Email:
The informant/victim prefers to receive no contact and only wants to make an anonymous tip.
COMMENTS (Provide a general details):

59