Port of Saint John
Employers Association

# NOTICE OF OCCURRENCE OF HARASSMENT AND VIOLENCE FORM

## PROTECTION OF PRIVACY

The designated recipient / HVP Unit (Jen Brun & Jen Gots) will read the information provided in this form. They may share the information in the form with the responding party and/or an investigator or conciliator, if necessary. Further, the names of the following will not be included in the report that the investigator will produce:

- The names of the principal party
- Responding party
- Witnesses, and
- Any other person who are involved in the resolution process to the occurrence.

## IN THE CASE OF AN EMERGENCY

If you believe that you or someone else's life or physical safety is at risk, please initiate your emergency procedures by contacting your direct manager immediately or 9-1-1.

| **First and Last Name:** |
|---|

***NOTE:*** *If this is an anonymous notice, do not provide below your first and last name.*

| **Date(s) of the Occurrence(s):** |
|---|

*Please indicate the date(s) on which you experienced or witnessed the occurrence(s)*

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| **Names of Parties Involved:** |
| --- |
| |

*Please provide the name(s) or a detailed description of the parties involved in the occurrence as well as their reporting relationships, if any.*

*Note: if you do not provide the name or identity of the principal party, or the name or identity of the principal party cannot be determined, the employer can take no further action.*

| **Details of Occurrence:** |
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*Please provide a detailed description of the occurrence(s) and include the applicable dates, if known. Attach any and all supporting documentation.*

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| **Desired Outcome / Resolution:** |
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*What outcome or resolution are you seeking as a result of this occurrence?*