

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

ANTI-HARASSMENT PROGRAM INCIDENT REPORT

INSTRUCTIONS: Management officials must complete and submit this form to TSA's Anti-Harassment Coordinator (AHC) within three (3) calendar days of becoming aware of an allegation of prohibited harassment, in accordance with [TSA MD 1100.73-3, Anti-Harassment Program](#), and its accompanying [Handbook](#). If an affected person contacts the AHC directly, the AHC will complete this form for the affected person. This form may be submitted to the AHC via email to Anti-HarassmentCoordinator@tsa.dhs.gov or fax at (703) 603-3000. The original form should be kept in the site's administrative inquiry case file. The submitted copy will be retained in the AHC's Anti-Harassment case file. Once the case is completed and closed, the complete case file will be stored electronically in a database managed by the AHC and located in TSA Human Capital, National Resolution Center (NRC). Questions regarding this form can be directed to the AHC by calling (571) 227-1336 or (833) 219-9022 (toll-free).

SECTION I. Affected Person

Name:	Airport/Office:
Title:	Phone:

SECTION II. Alleged Harasser(s) (use additional sheets if needed)

Alleged Harasser #1	Alleged Harasser #2
Name:	Name:
Title:	Title:
Airport/Office:	Airport/Office:
Phone:	Phone:

SECTION III. Alleged Incident

Summary of Allegations (If more space is needed, please attach an additional page.)

When did the alleged harassment occur, and how often? Is it on-going or a one-time incident? (If more space is needed, please attach an additional page.)

Why does the Affected Person believe the alleged harassment occurred or is occurring? (If more space is needed, please attach an additional page.)

SECTION IV. Protected Basis			
Check the appropriate box(es) below if alleged harassment occurred on the basis of one or more of the following:			
<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Age 40 and over
<input type="checkbox"/>	Race (if so, state your race)	<input type="checkbox"/>	Disability (mental or physical)
<input type="checkbox"/>	Color (if so, state your color)	<input type="checkbox"/>	Genetic information (employee's genetic test(s), genetic test(s) of family member, family medical history, etc.)
<input type="checkbox"/>	Religion (if so, state your religion)	<input type="checkbox"/>	Marital status
<input type="checkbox"/>	Sex, to include pregnancy or sexual orientation (if so, specify)	<input type="checkbox"/>	Parental status
<input type="checkbox"/>	National Origin (if so, state your national origin)	<input type="checkbox"/>	Political affiliation
<input type="checkbox"/>	Retaliation/Reprisal for participation in protected activity (If so, state the reason)		
SECTION V. Initial Action			
Has the alleged incident been reported to the affected person's airport or program office? Yes No			
<i>If yes, briefly describe the initial action taken by the airport/program office in response to the allegation(s):</i>			
Has the affected person filed an EEO complaint concerning this matter? Yes No Unknown			
Has the affected person filed a grievance with the National Resolution Center concerning this matter? Yes No Unknown			
Has the affected person contacted TSA's Investigations office/hotline concerning this incident? Yes No Unknown			
SECTION VI. Statements of the Affected Person and Alleged Harasser			
<i>Attach to this Incident Report</i>			
SECTION VII. Report Filed By			
Name:		Title:	
Work/Cell Phone:	Airport/Office:	Date:	
SECTION VIII. Incident Report Received By			
Management Official		AHC	
Name:		Title:	
Date:		Signature:	
SECTION IX. Fact Finder Appointment			
Fact Finder Appointed?	Yes No	<i>If yes, complete Fact Finder information below and attach Letter of Appointment.</i>	
Name:		Title:	
Location:		Date of Appointment:	

WARNING: This document may contain Privacy Act protected or other sensitive information and should be protected from unauthorized disclosure. TSA employees and contractors may share this information within DHS on a need-to-know basis. Disclosure outside of DHS must be approved by the Office of Chief Counsel or TSA Privacy Office.

Previous versions of this form are obsolete