

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](mailto: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)**

<b>Alleged Harasser #1</b>	<b>Alleged Harasser #2</b>
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.)

<b>SECTION IV. Protected Basis</b>			
<b>Check the appropriate box(es) below if alleged harassment occurred on the basis of one or more of the following:</b>			
<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, gender identity, 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)		
<b>SECTION V. Initial Action</b>			
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			
<b>SECTION VI. Statements of the Affected Person and Alleged Harasser</b>			
<i>Attach to this Incident Report</i>			
<b>SECTION VII. Report Filed By</b>			
Name:		Title:	
Work/Cell Phone:	Airport/Office:	Date:	
<b>SECTION VIII. Incident Report Received By</b>			
Management Official		AHC	
Name:		Title:	
Date:		Signature:	
<b>SECTION IX. Fact Finder Appointment</b>			
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***