

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 fax at (703) 603-3000 or email to [Anti-HarassmentCoordinator@tsa.dhs.gov](mailto:Anti-HarassmentCoordinator@tsa.dhs.gov). The original form should be kept in the site's fact-finding 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 the Office of Human Capital (OHC), 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>
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Name:	Name:
Title:	Title:
Airport/Office:	Airport/Office:
Phone:	Phone:

**SECTION III. Alleged Incident**

Date of Incident:

Summary of Allegation(s):

**SECTION IV. Initial Action**

Has the alleged incident been reported to the affected person's airport or program office?      Yes ☐      No ☐

If yes, briefly describe the initial action taken by the airport/program office in response to the allegation(s):

<b>SECTION V. Report Filed By</b>				
Name:			Title:	
Work/Cell Phone:		Airport/Office:		Date:
<b>SECTION VI. Statements of the Affected Person and Alleged Harasser</b>				
<i>Attach to this Incident Report.</i>				
<b>SECTION VII. Incident Report Received By</b> <input type="checkbox"/> Management Official <b>OR</b> <input type="checkbox"/> AHC				
Name:			Title:	
Date:			Signature:	
<b>SECTION VIII. Fact Finder Appointment</b>				
Fact Finder Appointed?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	<i>If yes, complete Fact Finder information below and attach Letter of Appointment.</i>
Name:			Title:	
Location:			Date of Appointment:	
<b>SECTION IX. Administrative Information (to be completed by the AHC)</b>				
Management Official Name:				
Position:			Location:	
Date Forwarded to Management Action:				
Date Received by AHC:			Date Recorded:	

**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.***