Morristown Bureau of Police

Harassment in the Workplace Questionnaire (Must be completed during the performance evaluation employee's review)	
Are you being harassed? ☐ Yes ☐ No	
Are you aware of anyone (employee) being harassed within this agency? ☐ Yes ☐ No	
If so, have you reported it? ☐ Yes ☐ No	
If reported, to whom? _____	
Have you been trained in the agency's harassment policy? ☐ Yes ☐ No	
Do you fully understand the Harassment in the Workplace policy? ☐ Yes ☐ No	
Do you believe the agency takes or will take appropriate action in any and all harassment matters? ☐ Yes ☐ No	
If not, why not? _____	
Would you like to talk to anyone inside or outside of the agency about harassment? ☐ Yes ☐ No	
If yes, to whom? _____	
Signature of Employee:	Date:
Signature of Supervisor:	Date: