

FORM B – TENANT HARASSMENT INVESTIGATION REPORT

Complainant Name: _____ Date: _____

Address: _____

DETAILS OF INTERVIEW

Background:

Current position:

Possible options:

Joint comments by the Manager & Harassment Response Officer:

Joint Recommendations:

Review of Case (Complete this section 2 months after the investigation, and re-send the whole of completed Form B to Equalities Adviser):

Monitoring:

Date this report sent to Equalities Adviser
and Area Manager:

Date of contact from Equalities Adviser:

Date action completed:

Date case closed:

Number of officers involved & time spent
investigating and writing report:

Please send this report within 5 working days of the complaint being made to:

Equalities Advisor
Derby Homes
Floor 2
South Point
Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

