



Sexual Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Title IX Officer or Director of Human Resources. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Title IX Officer or Director of Human Resources can complete this form, provide you with a copy and follow the sexual harassment prevention policy by investigating the claim(s) as outlined at the end of this form.

For additional resources, visit: <https://www.ny.gov/programs/combating-sexual-harassment-workplace>

COMPLAINANT INFORMATION

Name:

Work Location:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method:

Email

Phone

In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Location:

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: Supervisor Subordinate Co-Worker Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____ Date: _____