

**COMPLAINT FORM FOR  
REPORTING SEXUAL HARASSMENT**

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Human Resources. Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, your employer is still required to follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

*For additional resources, visit: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment)*

**COMPLAINANT INFORMATION**

Name	_____		
Home Address	_____	Work Address	_____
Home Phone	_____	Work Phone	_____
Job Title	_____	Email	_____

**SUPERVISORY INFORMATION**

Supervisor's Name	_____	Title	_____
Work Address	_____	Work Phone	_____

**COMPLAINT INFORMATION**

Your complaint of Sexual Harassment is made against:

Name	_____	Title	_____
Work Address	_____	Work Phone	_____
Relationship to you	<input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other		

Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

Date(s) sexual harassment occurred: \_\_\_\_\_

Is the sexual harassment continuing?       Yes     No

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

*The last two questions are optional, but may help facilitate the investigation.*

Have you previously complained or provided information (verbal or written) about sexual harassment at Connetquot Public Library? If yes, when and to whom did you complain or provide information?

*Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.*

Have you filed a claim regarding this complaint with a federal, state or local government agency?       Yes     No

Have you instituted a legal suit or court action regarding this complaint?       Yes     No

Have you hired an attorney with respect to this complaint?       Yes     No

*I request that [name of employer] investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_