



- Required
- Local
- Notice

SEXUAL HARASSMENT OF EMPLOYEES EXHIBIT

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 targets 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 to the best of your ability and submit it to the district's Title IX Coordinator. You will not be retaliated against for filing a complaint.

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

If you are more comfortable reporting verbally or in another manner, the district should complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form. For additional resources, visit: <http://www.ny.gov/programs/combating-sexual-harassment-workplace>

YOUR INFORMATION (for all persons making a complaint)

Your Name:

Home Address:

Home or Cell Phone:

Email:

Building Assigned:

Work Phone:

Job Title:

Preferred Communication Method (please select one): phone, email, mail, in person:

SUPERVISOR INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against (please include as much information as possible, if known):

Name:

Job Title (if an employee):

Grade/Class (if a student):

School/Work Location:

Phone:

Relationship to you (please circle one below):

Supervisor / Subordinate / Co-Worker / Student / Other: _____

(Please use additional sheets of paper if the complaint is against multiple people.)

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) and location(s) sexual harassment occurred: _____

Is the sexual harassment continuing? ____ Yes ____ No

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

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

Print Name: _____

Signature: _____

Date: _____

Adoption date: September 1, 2020