

SEXUAL HARASSMENT COMPLAINT FORM

New York State Labor Law requires all employers, including the County, 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 your supervisor, Department Head, County Manager, or the County Human Resources Director. Once you submit this form, the County must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, the County 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.

Complainant Information

Name:

Home address:

Work address:

Home phone:

Work phone:

Job title:

Email:

Please indicate your preferred communication method: _____.

Supervisory Information

Immediate Supervisor's Name:

Title:

Work phone:

Work address:

Complaint Information

1. The Complaint of sexual harassment is made against:

Name:

Title:

Work address:

Work phone:

Relationship to you: [] Supervisor [] Subordinate [] Co-worker [] Other (_____)

2. 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.

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 that may have information related to your complaint:

Answering question 5 is optional, however, in order to completely investigate the claim your complete response is valuable.

5. Have you previously complained or provided information (verbal or written) about sexual harassment at The County? 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.

I request that the County 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: _____

Instructions for Employers

If you receive a complaint about alleged sexual harassment, you must follow your sexual harassment prevention policy by investigating the allegations through actions such as:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

You should create a written document of the findings of the investigation, along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This may be done via email.