

Harassment Complaint Form

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

If you believe that you have been subjected to sexual or other forms of workplace harassment, you are encouraged to complete this form and submit it to the Library Director, or if the complaint is against the Library Director, to the chair of the Personnel Committee of the Library Board of Trustees.

Once you submit this form, the Library will investigate your complaint as outlined in Policy 300-2, Prohibiting Harassment and Discrimination. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Library will still follow this Policy and investigate your claim.

COMPLAINANT INFORMATION

This complaint is made by (or on behalf of):

Name: _____ Date: _____
Job Title: _____
Phone: _____ Email: _____
Preferred Communication Method: Email Phone In person
Supervisor's Name and Job Title: _____

COMPLAINT INFORMATION

1. This complaint is made against:

Name: _____
Job Title, Position, or Department: _____
Relationship to complainant: Supervisor Subordinate Co-Worker Other

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

3. Date(s) harassment occurred:

Is the harassment continuing? Yes No

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

5. *This question is optional, but may help the investigation.* 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?

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

7. Signatures

I acknowledge that all information I provided above is true, complete and accurate to the best of my knowledge.

Your Name (Printed):

Your Signature: _____ Date: _____

I acknowledge that I have received this Complaint Form.

Name of Library Representative (Printed):

Job Title or Role:

Signature: _____ Date: _____