

APPENDIX
Harassment Complaint Form

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 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 Board of Trustees. Once you submit this form, Red Jacket Community Library will follow its Non-Harassment/Non-Discrimination policy and investigate any claims, as outlined in the Library's policy. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting orally or in another manner, the Library will still follow Policy 300-2 Harassment and Discrimination Prevention to investigate the claim.

Complainant Information

Name: _____ Date: _____

Position/Department: _____ Manager Name: _____

Phone Number _____ Email Address _____

Name of Accused: _____ Accused's Position/Department: _____

Accused's Relationship to you: Supervisor Subordinate Co-Worker Other

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

2. Date(s) incident(s) occurred: _____

3. Is the conduct continuing? Yes No

4. Please list the name(s) and contact information of any witness(es) or individual(s) that may have information related to your complaint.

The next question is optional but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about harassment at Red Jacket Community Library? If yes, when and to whom did you file the complaint or provide information?

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

Attorney's Name: _____

Attorney's Phone Number: _____

Attorney's Email Address: _____

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

Completed By: _____

Employee Name (printed)

Employee Signature

Date

Library Representative Receiving Complaint

Date

Title