



148 Smithtown Blvd., Nesconset, NY 11767 (631) 360-2480

SEXUAL 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 harassment, you are encouraged to complete this form and submit it to your Supervisor, Building Head, Library Administrator and/or the Personnel Assistant in the Business Office. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer 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:
ny.gov/programs/combating-sexual-harassment-workplace

Complaint Information:

Name: _____ Job Title: _____

Work Address: _____

Work Phone: _____ Email: _____

Preferred Communication Method: Email Phone In-Person

Supervisory Information:

Immediate Supervisor: _____ Title: _____

Work Address: _____ Work Phone: _____

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.

Complaint Information:

1. Your complaint of sexual harassment is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relation to you: Supervisor Supervisee Co-Worker Other (Specify)

2. Describe what happened in as much detail as possible. You may use additional sheets of paper if necessary. If you have relevant documents, please include them:

3. Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? Yes No

4. List the names and contact information of any witnesses or individuals who may have information related to your complaint:

The last question is optional, but may help the investigation:

5. Have you previously provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

Optional: If you have retained legal counsel and would you like us to work with them, provide their contact information:

Signature: _____ **Date:** _____

Instructions for Employers:

If you receive a complaint about alleged sexual harassment, follow your sexual harassment prevention policy.

An investigation involves:

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

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.

Document the findings of the investigation and basis for your decision 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.

Policy: 500-90a
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