

SEXUAL HARASSMENT EXHIBIT

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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. This form is intended to be used by both students and employees.

If you believe you have been subjected to sexual harassment, you are encouraged to complete this form to the best of your ability and submit it to [insert title, person or office designated to receive complaints and contact information for designee or office; how the form can be submitted]. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the district shall investigate the complaint in accordance with the sexual harassment prevention policy by investigating the claim as outlined at the end of this form. For additional resources, visit: <https://www.ny.gov/programs/combating-sexual-harassment-workplace>

YOUR INFORMATION

Your Name:

Name of contact person (for students):

Home Address:

Home or Cell Phone:

Email:

Social Security Number (for students):

Grade/Class (for students):

Work Address (for employees):

Work Phone (for parents/guardians/employees):

Job Title (for employees):

Preferred Communication Method (for all persons making a complaint):

SUPERVISOR INFORMATION

Immediate Supervisor:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

Incident Date: (for all persons making a complaint)

