



101 E. Woodlawn Avenue, Elmira, NY 14901 • Phone: (607) 734-4151 • Fax: (607) 732-2952

## 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 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 [person or office designated; contact information for designee or office; how the form can be submitted]. Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, your employer is still required to follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

### COMPLAINANT INFORMATION (person making the complaint)

Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Select your preferred communication method:  Home Phone  Work Phone  Email  Postal/Courier Service

### SUPERVISOR INFORMATION

Name of Immediate Supervisor:  Title:

Work Phone:

Work Address:

### COMPLAINT (Your complaint of sexual harassment is made against)

Name:  Title:

Work Address:  Work Phone:

I. Relationship of this person to you:

Direct Supervisor  Subordinate  Co-Worker  Non-Employee  Other

## COMPLAINT (Continued)

2. Please describe the conduct or incident(s) that is the basis of this complaint, and your reason 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 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:

*The last two questions are optional, but may help facilitate the investigation.*

5. Have you previously complained or provided information (verbal or written) about sexual harassment at Streeter Associates?  Yes  No

If YES, when and with whom did you complain or provide information?

*Employees that file complaints with their employers might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.*

6. Have you filed a complaint regarding this claim with any federal, state or local government agency?  Yes  No

If YES, where?

Have you instituted a legal suit or court action regarding this complaint?  Yes  No

If YES, where?

Have you hired an attorney with respect to this complaint?  Yes  No

If YES, who:

Contact phone#

I, \_\_\_\_\_ request that **Streeter Associates** or an otherwise designated investigator, investigate this complaint of sexual harassment in a timely and confidential manner, and advise me of the result of the investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*IMPORTANT\*** Please submit this form to **Rob Stanton (rstanton@streeterassociates.com)** or **John Manning (jmanning@streeterassociates.com)** at the main office.