TOWN OF CLARENCE

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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 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 your Department Head, the Town Supervisor, Town Attorney or the Director of Administration & Finance. 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. For additional resources, visit: ny.gov/combatting-sexual-harassment

COMPLAINANT INFORMATION

Name: _____
Home Address:_____
Phone: _____
Job Title:_____

Select Preferred Communication Method: Written _____ Verbal_____

MANAGEMENT INFORMATION

Department Head's Name:

_____
Title: _____
Work Phone: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:
   Name:_____
   Title: _____
   Phone: _____

Relationship to you: Department Head____ Supervisor____ Co-Worker____ Other____

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

5. Have you previously complained or provided information (verbal or written) about sexual harassment to us as your employer? Yes ____ No ____

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

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

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

7. Additional information:

I request that you, as my employer investigate this complaint of sexual harassment in a timely and confidential manner as outlined below and advise me of the results of the investigation.

Signature: _____ Date: _____

Instructions for Employers: If you receive a complaint about alleged sexual harassment, you must follow your sexual harassment prevention policy by investigating the allegations through actions such as: Speaking with the employee * Speaking with the alleged harasser * Interviewing witnesses * Collecting and reviewing any related documents You should create a written document of the findings of the investigation, 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