

### Sexual Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Human Resources. If the complaint involves or the individual is hesitant to report to the Personnel Department Head, the individual should report the conduct to the Library's Director. If the complaint involves or the individual is hesitant to report to the Director, the individual should report the conduct to the President of the Library's Board of Trustees. Contact information for these individuals can be found on the Library's website ([www.harborfieldslibrary.org/contact](http://www.harborfieldslibrary.org/contact)). This form can be submitted by hand-delivery or e-mail to one of the above-mentioned individuals. Retaliation against anyone who, in good faith, files a sexual harassment complaint form is prohibited. If you are more comfortable reporting orally or in another manner, the Library will complete this form, provide you with a copy of it and follow its Policy Against Workplace Sexual Harassment by investigating the claims.

For additional resources, visit: <http://ny.gov/programs/combating-sexual-harassment-workplace>

#### Complainant Information

Name: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Select Preferred Communication Method:  Email  Phone  In person

#### Supervisory Information

Immediate Supervisor's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

#### Complaint Information

1. The complaint of Sexual Harassment is made about:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other

2. Please describe what happened and how it is affecting you and your work. 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 who may have information related to your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

---

---

*The last question is optional, but may help the investigation.*

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

---

---

---

*I hereby affirm that the information contained in this complaint is true and correct to the best of my knowledge, information and belief.*

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