WHITESVILLE PUBLIC LIBRARY

New York State Labor Law requires all employees to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment.

If you believe you have been subjected to sexual harassment you are encouraged to complete this form and submit to the library director. Once you submit this form your employer must follow the 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 it 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: WORK ADDRESS:

HOME PHONE: WORK PHONE:

JOB TITLE: EMAIL:

PREFERRED COMMUNICATION METHOD:

**Supervisory Information:**

TITLE:

WORK PHONE: WORK ADDRESS:

**Complaint Information:**

1. Your complaint of Sexual Harassment is made against:

Name: Title:

Work Address: Work Phone:
Relationship to you: Supervisor\_\_\_ Subordinate\_\_\_ Co-Worker\_\_\_ Other\_\_\_

1. 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.
2. Date(s) sexual harassment occurred: Is the harassment continuing? Yes\_\_\_ No\_\_\_
3. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint.
4. Have you previously complained or provided information (verbal or written) about sexual harassment at Whitesville Public Library? Yes\_\_\_ No\_\_\_ If yes, when and to whom did you complain or provide information?

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

1. Have you ever filed a claim regarding this complaint with a federal, state or local 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\_\_\_

I request that Whitesville Public Library 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 sexual harassment you must follow your sexual harassment prevention policy by investigating the allegations through these actions:
 a. Speak with the employee
 b. Speak with the alleged harasser
 c. Interview witnesses
 d. Collect and review any related documents.
 e. Create a written document of the findings of the investigation along with corrective actions taken. Notify the individual(s) against whom the complaint was made, usually via email.