

## **Baldwinsville Central School District Workplace Harassment Complaint Form**

If you believe that you have been subjected to sexual or other forms of harassment, you are encouraged to complete this form and submit it to your supervisor or the Human Resources Department either in person or by email. Once you submit this form, we will follow our sexual/workplace harassment prevention policy and investigate any claims.

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

**For additional resources, visit: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment)**

### **COMPLAINANT INFORMATION**

Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method (please select one):  Email  Phone  In person

### **SUPERVISORY INFORMATION**

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

### **COMPLAINT INFORMATION**

1. Your complaint of Sexual/Workplace Harassment is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you:  Supervisor  Subordinate  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/workplace harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) alleged sexual/workplace harassment occurred:

Is the alleged sexual/workplace 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/workplace harassment at Baldwinsville Central School District?  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.*

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

*I request that Baldwinsville Central School District investigate this complaint of sexual/workplace harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.*

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