

**COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT,
HARASSMENT, AND DISCRIMINATION**

St. John Fisher University

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. This form may also be used to report complaints of harassment or discrimination.

If you believe that you have been subjected to sexual harassment, harassment or discrimination, you are encouraged to complete this form and submit it to the Assistant Vice President for Human Resources by mail, marked confidential, or email to hr@sjf.edu to the attention of the Assistant Vice President, or hand deliver to the Office of Human Resources in Kearney Hall, Room K-211, or by calling 585-385-8048. Once you submit this form, St. John Fisher University will follow its Sexual Harassment Policy, or Equal Employment Opportunity Policy and investigate any claims. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, St. John Fisher University will still follow its Sexual Harassment Policy, or Equal Employment Opportunity Policy by investigating any claims.

For additional resources, visit: ny.gov/combating-sexual-harassment-workplace.

COMPLAINT 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 Address: _____ Work Phone: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment, Harassment or Discrimination is made about:

Name: _____

Title: _____

Work Address: _____ Work Phone: _____

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, harassment or discrimination occurred:

Is the sexual harassment, harassment, or discrimination continuing?

Yes_____ No_____

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint and describe any documents, records, or other evidence that may be relevant:

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

Signature: _____ Date: _____