



Deposit Central Schools

## COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT AND DISCRIMINATION

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment. Deposit CSD has adopted policy #2 (attached). In addition, the Deposit Central School District encourages employees to report all incidents of harassment and discrimination so that they can be corrected.

If you believe that you have been subjected to sexual harassment, harassment on any other basis, or discrimination, you are encouraged to complete this form and submit it to the District Compliance Officer, Ciara Bouhouris. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, we will ask you questions to assist in completing this form and will provide you with a copy of it. We will then follow our harassment and discrimination prevention policy by investigating the claims as outlined in that policy.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](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. Your complaint of Sexual Harassment, Harassment or Discrimination 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 attached sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment, harassment or discrimination occurred:

Is sexual harassment, harassment or discrimination continuing?

No  Yes

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

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

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?

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

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

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