

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 your Department Head. If your complaint involves or you are hesitant to submit this form to your Department Head, you should submit the form to the Town Attorney. If your complaint involves or you are hesitant to submit this form to the Town Attorney, you should submit this form to the Town Supervisor or Deputy Supervisor. If your complaint involves or you are hesitant to submit this form to the Town Supervisor or Deputy Supervisor, you should submit this form to the Town Board. Contact information for these individuals can be found on the Town's website: www.shelterislandtown.us/contactus. This form can be submitted by e-mail or hand-delivery. 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 Town 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: 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:

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

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?

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: _____