## **Complaint Form for Reporting Sexual Harassment**

COMPLAINANT INFORMATION



## Mid York Library System (MYLS)

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.

If you believe that you have been subjected to sexual harassment or gender discrimination, you are encouraged, but not required, to complete this form and submit it to the Executive Director (Director), or in their absence, the Director's designee. If the Director is the alleged harasser, you should report the harassment to a MYLS Trustee. No employee will be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy, and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

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

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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 is made about:				
	Name:	Ti	tle:	
	Work Address:	Work Pho	one:	
	Relationship to you: Supervisor	Supervisee	Co-Worker	Other (please specify)
2.	Please describe what happened and in paper if necessary. If you have any re	•	•	
3.	Date(s) sexual harassment occurred:			
	Is the sexual harassment continuing?	□Yes □No		
4.	If possible, please list the name and coinformation related to your complaint		ation of any witr	nesses or individuals who may have
5.	Have you previously provided inform whom did you provide information?	ation (verbal	or written) abou	t related incidents? If yes, when and to
Sig	gnature:	Da	ıte:	