

Complaint Form for Sexual Harassment Prevention Policy

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.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it via email to director@claveracklibrary.org. You may also choose to hand deliver or mail it to the director at PO Box 417, Claverack NY 12513 with the envelope marked "Confidential". Once you submit this form the library director will notify the board chairperson and follow the sexual harassment prevention policy in the investigation of any claims. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the director is still required to follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form. For additional resources, visit: ny.gov/combating-sexual-harassment.

Complainant Information

Name: _____

Home Address: _____ Home Phone _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Preferred Communication Method:(check one) in person by phone by mail

Supervisory Information

Immediate Supervisor's Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Complaint Information

1. Your complaint of sexual harassment is made against:

Name: _____ Title: _____

Work Phone: _____ Work Address: _____

Relationship to you: (check one) Supervisor Subordinate Volunteer
 Co-worker Patron Other

2. Please describe the conduct that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. 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

If yes, when:

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

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

5. Have you previously complained or provided information (verbal or written) about sexual harassment at Claverack Free Library: Yes No

If yes, when and to whom did you complain or provide information?

Employees who 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.

I request that Claverack Free Library investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the result of the investigation.

Signature: _____ Date: _____

Adopted: 9/15/2020