

Sullivan County BOCES Complaint Form

If you believe that you have been subjected to sexual or other form of workplace harassment, you are encouraged to complete this form and submit it to Director of Human Resources. You will not 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

COMPLAINANT INFORMATION			
NAME:			
WORK ADDRESS:		WORK PHONE:	
SELECT PREFERRED COMMUNICATION METHOD:			
	Email: <input type="checkbox"/>	Phone: <input type="checkbox"/>	In Person: <input type="checkbox"/>
SUPERVISORY INFORMATION			
IMMEDIATE SUPERVISOR'S NAME:			
TITLE:			
WORK PHONE:	WORK ADDRESS:		
COMPLAINT INFORMATION			
1. Your complaint of Sexual or other Harassment is made about:			
NAME:	TITLE:		
WORK ADDRESS	WORK PHONE:		
RELATIONSHIP TO YOU:			
Supervisor <input type="checkbox"/>	Subordinate <input type="checkbox"/>	Co-Worker <input type="checkbox"/>	Other <input type="checkbox"/>
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.			

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.

3. Date(s) sexual or other harassment occurred:
4. Is the sexual or other harassment continuing? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:
<i>The last question is optional, but may help the investigation.</i>
6. 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.
<i>Signature:</i>
<i>Date:</i>

Instructions for Employers

If you receive a complaint about alleged sexual harassment, follow your sexual harassment prevention policy.

An investigation involves:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document the findings of the investigation and basis for your decision along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This may be done via email.