

0110.2-E COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT AND DISCRIMINATION

New York State Labor Law requires all employers to adopt a sexual harassment and discrimination prevention policy that includes a complaint form for targets to report alleged incidents of sexual harassment or discrimination.

If you believe that you have been subjected to sexual harassment or discrimination, you are encouraged to complete this form and submit it to the Assistant Superintendent for District-wide Administration located at the Fran Greenspan Administration Center or email jwoodberry@hhh.k12.ny.us. You will not be retaliated against for filing a complaint. If the Assistant Superintendent of District-wide Administration is the subject of the complaint, submit this form to the Superintendent located at the Fran Greenspan Administration Center or email pharrigan@hhh.k12.ny.us.

If you are more comfortable reporting verbally or in another manner, the district should complete this form, provide you with a copy and follow its sexual harassment and discrimination prevention policy by investigating the claims as outlined at the end of this form. For additional resources, visit: <https://www.ny.gov/programs/combating-sexual-harassment-workplace>

YOUR COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Preferred Communication Method: ___ phone, ___ email, ___ in person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION (for all persons making a complaint)

1. Your complaint of sexual harassment or discrimination is made about:

Name:

Title/Position:

Address:

Phone:

Relationship to you:

Supervisor Subordinate Co-Worker Other:

2. Please describe what happened and how it is affecting you and your work or education. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

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

Is the sexual harassment or discrimination 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 district's investigation.

5. Have you previously complained about or provided information (verbal or written) about sexual harassment or related incidents to the district? Yes No

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.

Print Name: _____

Signature: _____

Date: _____

Instructions for the District

If you receive a complaint about alleged sexual harassment or discrimination, follow the district's sexual harassment and discrimination prevention policy.

An investigation involves:

- Speaking with the employees
- 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 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.

Adoption date:

Amended: June 22, 2020

Revised: November 13, 2023

Half Hollow Hills Central School District
