The Greater Amsterdam School District

WORKPLACE HARASSMENT COMPLAINT FORM

If you believe that you have been subjected to sexual or other forms of harassment, you are encouraged to complete this form and submit it to your supervisor or the Human Resources Department either in person or by email. Once you submit this form, we will follow our sexual/workplace harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, we are still required to follow our sexual/workplace harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: ny.gov/combatting-sexual-harassment

COMPLAINANT INFORMATION

Name: _____

Home Address: _____ Work Address: _____

_____ _____

Home/ Cell Phone: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method (Please select one): □ Email □ Phone □ In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Phone:_____ Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual/Workplace Harassment is made against:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relationship to you: □ Supervisor □ Subordinate □ Co-Worker □ Other

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for

concluding that the conduct is sexual/workplace harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

_____

_____

_____

_____

3. Date(s) alleged sexual/workplace harassment occurred: _____

Is the alleged sexual/workplace harassment continuing? □ Yes □ No

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

_____

_____

_____

The last two questions are optional, but may help facilitate the investigation.

5. Have you previously complained or provided information (verbal or written) about sexual/workplace harassment at The Greater Amsterdam School District? □ 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.

6. Have you filed a claim regarding this complaint with a federal, state or local government agency?

□ Yes □ No

Have you instituted a legal suit or court action regarding this complaint?

□ Yes □ No

Have you hired an attorney with respect to this complaint?

□ Yes □ No

I request that the Greater Amsterdam School District investigate this complaint of sexual/workplace harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

*Signature:*_____ *Date:* _____