

Sexual Harassment Complaint Form

The State University of New York

If you believe that you or someone you know has been subjected to sexual harassment, you are *encouraged*, but <u>not required</u>, to complete this form and submit it to the RF Central Office or RF Campus HR Office.

Once you submit this form, the RF will follow its sexual harassment prevention policy and investigate any claims in accordance with its Sexual Harassment Prevention Policy. *If you are more comfortable reporting verbally or in another manner, your complaint will still be investigated.*

COMPLAINANT INFORMATION Name: _____ Home Address: Home Phone: Work Phone: Job Title: _____ Email: Select Preferred Communication Method: (please select one) SUPERVISORY INFORMATION Immediate Supervisor's Name: Title (if known): _____ Work Phone: Work Address: COMPLAINT INFORMATION 1. Your complaint of Sexual Harassment is made against: Name (if known): Title (if known): Work Address (if known): Work Phone (if known): _____

Relationship to you: ___Supervisor ___ Subordinate ___ Co-Worker ___Other: ____

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.	Date(s) sexual harassment occurred:
٠.	Is the sexual harassment continuing?YesNo
	Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:
١.	Have you previously complained or provided information (verbal or written) about sexual
	harassment at the RF (This question is optional, but may help facilitate the investigation)? Yes No
	If yes, when and to whom did you complain or provide information?