

Village of Brockport

Harassment Complaint Form

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 or other forms of workplace harassment, you are encouraged to complete this form and submit it to your Department Head or the Village Mayor. Once you submit this form, the Village of Brockport will follow its Sexual Harassment Prevention policy and investigate any claims, as outlined in the policy. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Village will still follow its policy and investigate the claim.

Complainant Information

Name: _____ Date: _____

Position/Department: _____ Manager Name: _____

Phone Number _____ Email Address _____

Name of Accused: _____ Accused's Position/Department: _____

Accused's Relationship to you: Supervisor Subordinate Co-Worker Other

Complaint Information

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

2. Date(s) Harassment Occurred: _____

3. Is the harassment continuing? Yes No

4. Please list the name(s) and contact information of any witness(es) or individual(s) that may have information related to your complaint.

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The next question is optional but may help the investigation.

5. Have you previously complained or provided information (verbal or written) about harassment at the Village of Brockport? If yes, when and to whom did you file the complaint or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information below.

Attorney's Name:

Attorney's Phone Number:

Attorney's Email Address:

I acknowledge that all information provided above is true, complete and accurate to the best of my knowledge.

Completed By: _____
Employee Name (printed)

Employee Signature

Date

Company Representative Receiving Complaint

Date

Title