



Schuyler County

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 harassment, you are encouraged to complete this form and submit it to the Human Resources Department. Once you submit this form, Schuyler County must follow its sexual harassment prevention policy and investigate any claims.

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

COMPLAINANT INFORMATION

Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method: (please select one)

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1. Your complaint of Sexual 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 harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment occurred:

Is the sexual 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 harassment at Schuyler County? If yes, when and to whom did you complain or provide information?

Employees that 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 Schuyler County investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

Signature: _____ Date: _____