

SEXUAL HARASSMENT COMPLAINT FORM

If you believe you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Director of Human Resources. You will not be retaliated against for filing this complaint. Submissions can be made via the following:

Mail: Director of Human Resources
950 Danby Rd., Suite 179
Ithaca, NY 14850

Call: (607) 272-8990 ext. 177

Email: kimberlyp@aboutchallenge.org

Interoffice Mail: Kimberly Pugliese

If you are more comfortable reporting your complaint verbally or in another manner, Challenge will complete this form and provide you with a copy. The complaint will then be investigated as outlined in the Sexual Harassment Prevention policy.

COMPLAINANT INFORMATION:

Name:

Job Title:

Email:

Preferred Communication Method: Email Phone In-Person

SUPERVISORY INFORMATION:

Immediate Supervisor's Name:

Title:

COMPLAINT DETAILS:

1. Alleged Harasser:

Job Title:

2. Please describe what happened and how it is affecting you and your work. 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 ongoing? Yes No

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

The last question is optional but may help the investigation:

5. Have you previously complained of or provided information (verbal or written) about related incidents? 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:

Signature: _____

Date: _____