

Town of Queensbury
Complaint Form: Workplace Harassment and Sexual Harassment

Introduction:

If you believe that you have been subjected to workplace harassment or sexual harassment, you are encouraged to complete this form and submit it to the Town Supervisor, your department manager or Human Resources Consultant and your union representative (if applicable). You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your Town Supervisor's office, your department manager, human resources consultant or union representative should complete this form, provide you with a copy and follow its workplace harassment or sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION on next page

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Name:		Work Address:
Job Title:		
Date of Incident:		Phone:
Preferred Method of Communication	<input type="checkbox"/> Office Email <input type="checkbox"/> Office Phone <input type="checkbox"/> In person <input type="checkbox"/> Other:	E-mail:
Immediate Supervisor's Name:		Work Address:
Title:		Phone:
		E-mail:

COMPLAINT INFORMATION

1. Your complaint of either Workplace Harassment or Sexual Harassment is made about:

Name:		Work Address:
Job Title:		
Relationship:	<input type="checkbox"/> Supervisor / Manager <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-worker <input type="checkbox"/> Other:	Phone: E-mail:

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.

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3. Date(s) workplace harassment or sexual harassment occurred:

4. Is the workplace harassment or sexual harassment continuing? ☐ Yes ☐ No

Describe continued behaviors.

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

Name:	Job Title	Phone and / E-mail

The last question is optional but would help the investigation.

5. Have you previously complained 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: _____