

# THE ST. LAWRENCE COUNTY INDUSTRIAL DEVELOPMENT AGENCY

## Complaint Form for Reporting Harassment

New York State Labor Law requires all employers to adopt a harassment prevention policy that includes a complaint form to report alleged incidents of harassment.

If you believe that you have been subjected to harassment or gender discrimination, you are encouraged, but not required, to complete this form and submit it to the Workforce Development Specialist; 19 Commerce Lane, Suite 1, Canton, New York 13617 or email: [REDACTED] (submitted in person, electronically or postal delivery). No employee will be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy, and follow its 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](http://ny.gov/programs/combating-sexual-harassment-workplace)

### COMPLAINANT INFORMATION

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Select Preferred Communication Method:    Email     Phone     In Person

### SUPERVISORY INFORMATION

Immediate Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

*Adoption of this form does not constitute a conclusive defense to charges of unlawful harassment. Each claim of harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.*

**COMPLAINT INFORMATION**

1. Your complaint of Harassment is made about:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to you:  Supervisor  Supervisee  Co-Worker  Other (specify)

2. Please describe what happened and include as many details as possible. You may use additional sheets of paper if necessary. If you have any relevant documents, please include them.

3. Date(s) harassment occurred:

Is the harassment continuing?  Yes  No

4. If possible, please list the name and contact information of 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 provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

*This is not required, but if you have retained legal counsel and would like us to work with them, please provide their contact information.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_