

## COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT

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 Director of Human Resources by faxing to (716) 961-9910 or email it to [djhengst@buffalo.edu](mailto:djhengst@buffalo.edu). Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

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

**For additional resources, visit: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment)**

### COMPLAINANT INFORMATION

Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method: (please select one)

Home Phone

Work Phone

Email

### 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 UBMD Internal Medicine? 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 UBMD Internal Medicine 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: \_\_\_\_\_