

COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Dory Prouty, Senior Human Resources Generalist by faxing to (716) 961-9910 or email it to dc62@buffalo.edu. Once you submit this form, UBMD Internal Medicine will follow its sexual harassment prevention policy and investigate any claims.

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

COMPLAINANT INFORMATION

Name:

Address:

Phone:

Email:

Select Preferred Communication Method: (please select one)

Phone

Email

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name:

Title:

Address:

Relationship to you: Office Staff-member Provider 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: _____