



**COMPLAINT FORM FOR REPORTING  
SEXUAL HARASSMENT, HARASSMENT AND DISCRIMINATION**

**St. John Fisher College**

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment. This form may also be used to report complaints of harassment or discrimination.

If you believe that you have been subjected to sexual harassment, harassment or discrimination, you are encouraged to complete this form and submit it to the Assistant Vice President for Human Resources by mail (marked confidential), or email to [hr@sjfc.edu](mailto:hr@sjfc.edu) to the attention of the Assistant Vice President for Human Resources; hand-deliver to the Human Resources Office in Kearney Hall, Room K-211; or by calling 585-385-8048. Once you submit this form, St. John Fisher College will follow its sexual harassment policy or equal opportunity policy and investigate any claims. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, St. John Fisher College will follow its sexual harassment prevention policy and equal employment opportunity policy by investigating any claims.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](https://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: \_\_\_\_\_ Work Email: \_\_\_\_\_

**COMPLAINT INFORMATION:**

1. Your complaint of sexual harassment, harassment or discrimination is made about:

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

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

Relationship to you: ☐ Supervisor ☐ Subordinate ☐ Co-Worker ☐ Other

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, harassment or discrimination occurred: \_\_\_\_\_

Is the sexual harassment, harassment or discrimination continuing? ☐ Yes ☐ No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint and describe any document, records or other evidence that may be relevant:

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?

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_