

REPORTING SEXUAL HARASSMENT - COMPLAINT FORM

Complainant Information

Name _____

Home Address _____

Home Phone _____

Job Title _____

Work Address _____

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:

I request that the Research Foundation of CUNY investigate this complaint of sexual harassment in a timely and confidential manner, and advise me of the results of the investigation.

Signature _____ Date _____