



Sexual Harassment Complaint Form

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.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Marion McLean CNO Nurses 24/7 fax number 973 689 2749 or email @ mmclean@nurses247.com. You will not 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 sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

For additional resources, visit: <http://ny.gov/programs/combating-sexual-harassment-workplace>

COMPLAINANT INFORMATION

Name: _____ Job Title: _____

Work Address: _____

Work Phone: _____ Email: _____

Select Preferred Communication Method: **Email** **Phone** **In person**

SUPERVISORY INFORMATION

Supervisor's Name: _____ Title: _____

Work Address: _____

Work Phone: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name: _____ Title: _____

Work Address: _____

Work Phone: _____

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



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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 occurred:

4. Is the sexual harassment continuing? Yes No

5. 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.)

6. 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?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____

Date: _____