

StaffCo

Enclosure A : Harassment/Discrimination Complaint Form

If you believe that you have been subjected to sexual harassment, or harassment or discrimination on the basis of a protected category, you are encouraged to complete this form and submit it to your Site Human Resources Director, or to whomever you feel comfortable telling. Once you submit this form, we must follow our Equal Employment Anti-Harassment and Anti-Discrimination Policy and investigate any claims. If you are more comfortable reporting verbally or in another manner, StaffCo and your site Human Resources Department are still required to investigate in accordance with our policy, so please handle as you are most comfortable. For additional resources on sexual harassment, visit: www.ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION (PERSON COMPLAINING)

Your Information	Name (Last, First, MI)		ID#
	Title		Home phone
	Email		Cell phone
	Department or Unit/Floor		Work Shift
	MARK THE APPROPRIATE WORK LOCATION: <input type="radio"/> SHH <input type="radio"/> ELIH <input type="radio"/> CPMP <input type="radio"/> BROOKLYN <input type="radio"/> OTHER (specify)_____		

Your Supervisor	Name		Title
	Cell phone, or other contact information		Work Phone

YOUR COMPLAINT IS ABOUT:

Name: _____ Title: _____

Unit or Dept: _____

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

PLEASE DESCRIBE WHAT HAPPENED AND HOW IT IS AFFECTING YOU AND YOUR WORK. USE ADDITIONAL SHEETS OF PAPER, IF NECESSARY. ATTACH ANY RELEVANT DOCUMENTS OR EVIDENCE. *BE SURE TO INCLUDE THE DATE(S) OF EVENT/ INCIDENT(S).*

Is the harassment continuing? ☐ Yes ☐ No

Please list the name and contact information of any witnesses or individuals who may have information related to this complaint:

This question is optional, but may help our investigation.

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? Include the name and date of reporting: _____

TYPE OF DISCRIMINATION/HARASSMENT

Check all that apply and provide detail

☐ Sexual
Harassment

☐ Age Discrimination. Include
your date of birth:

☐ Verbal/Physical
Attack

☐ Sexual Orientation

☐ Race
Discrimination

☐ Sexual Discrimination

☐ Religion. Identify
religious belief:

☐ Genetic (Predisposition)
Information. Specify:

☐ Hostile Epithets

☐ Disability Discrimination.
Identify disability:

☐ EEO Retaliation.
Retaliation for
what activities?

☐ Gender Discrimination.
Identify gender:

☐ Male ☐ Female

☐ Other: _____

☐ Military Status

☐ Marital Status

☐ National Origin.
Identify national
origin:

☐ Other

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COMPLAINANT'S SIGNATURE

DATE

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

*****Completed form must be submitted to your Site Human Resources Department*****