

The Episcopal Diocese of Long Island

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 the appropriate individual as listed in detail in the Diocese Policies on Sexual Harassment, and which depends on whether the individual about whom you are making a claim is a member of the clergy or not. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Episcopal Diocese of Long Island will complete this form with your input, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined in its policy to combat sexual harassment.

COMPLAINANT INFORMATION

Last Name:

First Name:

Parish/Institution Name and 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:

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

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:

Is the sexual harassment continuing? Yes No

4. 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.

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?

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

Signature_____Date_____