

**ERIE 1 BOCES  
COMPLAINT FORM FOR SEXUAL HARASSMENT IN THE WORKPLACE**

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Civil Rights Compliance Officer (CRCO). You will not be retaliated against for filing a complaint. Questions regarding the completion or submission of this form can be directed to the BOCES' CRCO or a trusted staff member with whom you feel comfortable.

If you are more comfortable reporting verbally or in another manner, the person to whom you report the sexual harassment 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: [ny.gov/programs/combating-sexual-harassment-workplace](http://ny.gov/programs/combating-sexual-harassment-workplace)**

**COMPLAINANT INFORMATION**

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

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

\_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Selected 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

(Continued)

**ERIE 1 BOCES**  
**COMPLAINT FORM FOR SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd.)**

- 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: \_\_\_\_\_

**ERIE 1 BOCES**  
**COMPLAINT FORM FOR SEXUAL HARASSMENT IN THE WORKPLACE (Cont'd.)**

**Instructions for the BOCES**

After receiving a complaint about alleged sexual harassment, follow the BOCES' sexual harassment prevention policies and procedures.

Generally, an investigation involves:

- 1) Speaking with the employee;
- 2) Speaking with the alleged harasser;
- 3) Interviewing witnesses; and
- 4) Collecting and reviewing any related documents.

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document the findings of the investigation and basis for the BOCES' decision along with any corrective actions taken and notify the complainant and the individual(s) against whom the complaint was made. This may be done via email.