Tioga County Complaint Form for Reporting Sexual Harassment



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 a supervisor, manager, County Attorney or Personnel Officer. Reports of sexual harassment may be made verbally or in writing. Completed forms can be submitted electronically to the Personnel Officer at parkel@tiogacountyny.gov or the County Attorney at dewindp@tiogacountyny.gov. A hard copy can either be mailed or hand delivered to the Ronald E. Dougherty County Office Building located at 56 Main Street, Room 102, Owego, NY 13827. 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: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION		
Name:		
Work Address:	Work Phone: _	
Job Title:	Email:	
Select Preferred Communication Method: □Email	□Phone	□In person
SUPERVISORY INFORMATION		
Immediate Supervisor's Name:		
Title:		
Work Phone: Wor	k Address:	

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.



COMPLAINT INFORMATION Your complaint of Sexual Harassment is made about:		
Work Address:	Work Phone:	
Relationship to you: □Sup	pervisor □Subordinate □Co-Worker □Other	
	ed and how it is affecting you and your work. Please use ecessary and attach any relevant documents or evidence.	

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DATES	
Date(s) sexual harassment occurred	l:
Is the sexual harassment continuing	? □Yes □No
WITNESS INFORMATION	
Name of witness:	Work Phone:
Name of witness:	Work Phone:
Name of witness:	Work Phone:
The last question is optional, but may	help the investigation.
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	or provided information (verbal or written) about d to whom did you complain or provide information?
If you have retained legal counsel and contact information.	d would like us to work with them, please provide their
Legal counsel:	Phone:
Signature:	Date <i>:</i>

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Instructions for Employers

If you receive a complaint about alleged sexual harassment, follow your sexual harassment prevention policy.

An investigation involves:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing witnesses
- 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 your decision along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This may be done via email.