BANCROFT PUBLIC LIBRARY

ANTI-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 Library Director or Board of Trustees. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Library Director or Board of Trustees 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 INFO	RMATION			
Name:				
Address:				
Phone:	Email:			
Select Preferred Com	munication Method:	□ Email	□ Phone	□ In person
SUPERVISORY INFOR	MATION			
Immediate Superviso	r's Name:			
Title:				
Address:				
COMPLAINT INFORM	1ATION			
1. Your complai	nt of Sexual Harassmen	t is made about	t:	
Name:				
Address:				
Phone:	Email:			
Relationship to you:	□ Supervisor □ Su	bordinate □ C	o-Worker 🗆 O	ther
sheets of paper if neo	be what happened and cessary and attach any r	elevant docum	ents or evidence	
	al harassment occurred:			

□ No

Is the sexual harassment continuing? ☐ Yes

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4.	Please list the name and contact information of any witnesses or individuals who may have
inforn	nation related to your complaint:
The la	st question is optional, but may help the investigation.
5. incide	Have you previously complained or provided information (verbal or written) about related nts? If yes, when and to whom did you complain or provide information?
•	have retained legal counsel and would like us to work with them, please provide their contact nation.
Signat	ure: Date:

Adopted: November 6, 2018
Reaffirmed: May 10, 2022