

Mental Health Association in Orange County, Inc. (MHA)



Sexual Harassment Complaint Form

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees 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 Director of Finance/Human Resources, Maureen Janes at (845) 342-2400, ext. 1223, or the Executive Director, Nadia Allen at (845) 342-2400, ext. 1326.

Once you submit this form, MHA will follow its sexual harassment prevention policy and investigate any claims by taking actions such as:

- Speaking with the employee/complainant
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

MHA will create a written document of the findings of the investigation, along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This notification may be made via email.

If you are more comfortable reporting verbally or in another manner, MHA is still required to follow its sexual harassment prevention policy by investigating the claims as outlined above.

For additional resources, visit: ny.gov/combating-sexual-harassment

COMPLAINANT INFORMATION

Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Job Title: _____

Work Email: _____ Private Email: _____

Preferred Communication Method: (please circle one or more)

Home Phone

Work Phone

Work Email

Private Email

Regular Mail: Work

Regular Mail: Home

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Supervisor Title: _____

Work Phone: _____

Work Address: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Relationship to you: Supervisor / Subordinate / Co-Worker / Other:

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. 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? (circle one) Yes No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint. Please use additional sheets of paper if necessary:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

The last two questions are optional, but may help facilitate the investigation.

5. Have you previously complained or provided information (verbal or written) about sexual harassment at MHA?

(circle one) Yes No

If Yes, when and to whom did you complain or provide information?

Name: _____ Date(s): _____

Method of Providing Complaint:

(circle one) Verbal Email Letter Other

If Other, please describe: _____

Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.

6. Have you filed a claim regarding this complaint with a federal, state or local government agency?

(circle one) Yes No

Have you instituted a legal suit or court action regarding this complaint?

(circle one) Yes No

Have you hired an attorney with respect to this complaint?

(circle one) Yes No

I request that MHA investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

Signature: _____ Date: _____