



Appendix B
Nassau County Sexual Harassment Complaint Form

INSTRUCTIONS: Please print and use ink. Retain a copy for your records.

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 your Department EEO Representative. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally, your EEO Representative should complete this form, provide you a copy and follow the sexual harassment prevention policy by investigating the claims as outlined at the end of the form.

COMPLAINANT INFORMATION:

Name: _____

Work Address: _____

Position Title: _____ Department: _____

Supervisor: _____

Work Phone: (____) _____

Selected Method of Contact: Email Phone In person

Are you a current Nassau County Employee? __ Yes __ No

SUPERVISORY INFORMATION:

Immediate Supervisor's Name: _____

Title: _____

Work Phone: (____) _____

Work Address: _____

WHO IS THE COMPLAINT ABOUT:

1. 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.

This 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?

I have been provided a copy of the Nassau County Equal Employment Opportunity and Sexual Harassment Prevention policy and have been given an opportunity to meet with my EEO Representative. I understand that the County will determine whether my complaint is appropriate for review pursuant to the Nassau County Equal Employment Opportunity policy. I understand that the investigation of this complaint will be conducted in accordance with the procedures set forth in the Nassau County Equal Employment Opportunity policy. I also understand that I may withdraw my complaint, but that the County may continue to investigate my complaint if the County determines that an investigation is appropriate. I acknowledge that making a willfully false complaint may subject me to discipline up to and including termination.

Signature: _____ Date: _____