

## Endwell Fire District

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 or gender discrimination, you are encouraged, but not required, to complete this form and submit it to the Chief of Department or the Chairman of the Board of Fire Commissioners at the Fire District office located at 3508 Country Club Road, Endwell, New York 13760.

Please submit your complaint on this form to your supervisor, or if it is to be filed with the Chairman, submit the form to the office staff in a sealed envelope marked "Confidential Report to the Chairman of the Board of Fire Commissioners."

No employee will 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.

## 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:	Work Address:

1. Your complaint of Sexual Harassment is made about:



## **COMPLAINT INFORMATION**

	Name:		Title:	
	Work Address:			none:
	Relationship to	you: Supervisor	]Subordinate	Co-Worker Other
2.		escribe what happened and include as many details as possible. You may tional sheets of paper if necessary. If you have any relevant documents, iclude them.		
3.	Date(s) sexual	harassment occurred:		
	Is the sexual ha	arassment continuing?	□Yes □No	
4.		ase list the name and c may have information		tion of any witnesses or r complaint:



The last question is optional but may help the investigation.

5. Have you previously provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

This is not required, but if you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: \_\_\_\_\_

Date:

## 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.

Sexual harassment occurs on a spectrum, and employers are encouraged to view all potential allegations with an open mind. Disciplinary action should meet the severity of the alleged actions.

Employers should document the findings of the investigation and the basis for their decision, along with any corrective actions taken. Notify the employee and the individual(s) against whom the report was made of the investigation's outcome and corrective actions taken. This may be done via email.

Endwell FD Complaint Form for Reporting Sexual Harassment



ADDITIONAL INFORMATION SHEET