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**Complaint Form for
Reporting Sexual Harassment**

**ABRAHAM LINCOLN BRIGADE ARCHIVES**

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. ALBA’s Sexual Harassment Policy can be accessed at [Click Here](http://www.alba-valb.org/about-us/Laws/Sexual%20Harassment%20Prevention%20Policy%20ALBA.docx/view)

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to a member of ALBA’s Ethics Committee. Members and their contact details are listed at [Click Here](http://edit.alba-valb.org/about-us/policy-and-laws/ALBAs%20Ethics%20Committee.docx/view). You will not be retaliated against for filing a complaint. Formal proceedings will only be initiated with your consent.

If you are more comfortable reporting to a member of ALBA’s Ethics Committee verbally or in another manner, you should feel free to do so. In such cases, the member of the Ethics Committee to whom you speak will complete this form, provide you with a copy and follow ALBA’s 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:       Work Address:

**COMPLAINT INFORMATION**

1. Your complaint of Sexual Harassment is made about:

Name:       Title:

Work Address:       Work Phone:

Relationship to you: [ ] Supervisor [ ] Subordinate [ ] Co-Worker [ ] Other

1. 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.

1. Date(s) sexual harassment occurred:

Is the sexual harassment continuing? [ ] Yes [ ] No

1. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

*The last question is optional, but may help the investigation.*

1. 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?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**What ALBA’s Ethics Committee will do:**

The Ethics Committee will follow ALBA’s sexual harassment prevention policy by conducting an investigation. This will involve:

* Speaking with the complainant
* Speaking with the alleged harasser
* Interviewing witnesses
* Collecting and reviewing any related documents

While the process may vary from case to case, allegations will be investigated promptly and resolved as quickly as possible. The investigation will be kept confidential to the extent possible.

The Ethics Committee will document the findings of the investigation and basis for their decision along with any corrective actions taken and notify the complainant and the individual(s) against whom the complaint was made. This may be done via email.