



Formal Complaint Form for Reporting Sexual Harassment (Faculty & Staff)

INSTRUCTIONS: 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 encouraged¹ to complete this form and submit it to:

Attn: Chief Equal Opportunity and Title IX Officer
005 Steele Hall, Syracuse, NY13244
titleix@syr.edu

You will not be retaliated against for filing a complaint.

This form is intended to initiate a “Formal Complaint”—as that term is defined in the Sexual Harassment, Abuse, and Assault Prevention Policy—of sexual harassment or assault. By signing this form, you are formally requesting the University investigate the reported conduct. If you are more comfortable reporting verbally or in another format, the Office of Equal Opportunity, Inclusion, and Resolution Services will complete this form and provide you with a copy for review and signature.

1. Name of Complainant (Last, First, Middle Initial):

2. SUID:

3. Job Title:

4. Email:

5. Work Address:

6. Work Phone:

7. Preferred Communication Method (email, phone, In-person):

¹ This form is required to initiate a Formal Complaint.

INSTRUCTIONS: 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 encouraged¹ to complete this form and submit it to:

Attn: Chief Equal Opportunity and Title IX Officer
005 Steele Hall, Syracuse, NY13244
titleix@syr.edu

8. Supervisor's Information:

Immediate Supervisor's Name: _____

Supervisor's Job Title: _____

Work Address: _____

Work Phone Number: _____

9. Special Requests

I need:

a. A translator (if so, which language?): _____

b. Accommodations for a disability: _____

c. Other: _____

10. Your Complaint of Sexual Harassment is made about:

Name: _____

Job Title: _____

Work Address: _____

Work Phone: _____

Relationship to you (Supervisor, Subordinate, Co-worker, Other): _____

INSTRUCTIONS: 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 encouraged¹ to complete this form and submit it to:

Attn: Chief Equal Opportunity and Title IX Officer
005 Steele Hall, Syracuse, NY13244
titleix@syr.edu

11. Please describe what happened and how it is affecting you and your experience at the University.
Please use additional sheets of paper if necessary and attach any relevant documents or evidence

12. Date(s) conduct or behavior occurred:

Is this conduct/behavior continuing?

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

INSTRUCTIONS: 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 encouraged¹ to complete this form and submit it to:

Attn: Chief Equal Opportunity and Title IX Officer
005 Steele Hall, Syracuse, NY13244
titleix@syr.edu

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

Have you previously reported or provided information (verbal or written) about this incident or related incidents? If yes, when and to whom did you report or provide information?

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

Your Signature

Date