



STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY

Workplace Harassment Complaint Form (including Sexual Harassment)

This form is to be used to document any claim of illegal harassment, including sexual harassment, which occurs in the workplace. To ensure that all harassment complaints are managed appropriately, effectively, and in accordance with the organization's policy, harassment complaints, including sexual harassment complaints, will be recorded using this form. Only those individuals authorized to receive such complaints may do so. If needed, guidance can be obtained from the Director of Human Resources or Title IX Coordinator.

Complainant:	Dept:
Name(s) of individual engaged in the harassment:	
Please describe the specific incident of harassment alleged. Describe each incident separately, including dates, times and locations. If you cannot remember exact dates, times or locations, please provide approximations. Use additional pages if necessary.	
Are there others who may have witnessed this alleged harassment? If so, please provide their name(s).	

Are there others who may have experienced similar alleged harassment by the individual named above? If so, please provide their name(s).

Did you tell anyone about your experience after the alleged incident(s)? If yes, please provide their name(s).

Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, please provide their name(s) and state whether they are a witness to this behavior or an individual who has experienced similar behavior:

Did you speak to the individual named in this report about the alleged harassment? If yes, what was his or her response?

Complainant Signature: _____ Date: _____

Print Name: _____

Job Title: _____

*I attest that the information I have provided is a true and accurate description of my complaint and that I have not willfully or deliberately made false statements. I understand that the College of Optometry prohibits any individual from retaliating against me for filing a complaint and that I am to notify my immediate supervisor or Title IX Coordinator that I am a victim of retaliation.

OFFICIAL ONLY:

Signature of person receiving complaint: _____ Date: _____

Print Name: _____

Job Title: _____