



SJ SOLUTIONS SECURITY & PROTECTION SERVICES INC.

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Harassment Complaint Form

New York State Labor Law requires all employers to adopt harassment prevention policies that includes a complaint form to report alleged incidents of harassment. (Sexual or other)

If you believe that you have been subjected to harassment, you are encouraged to complete this form and submit it to *HR Dept.*; *hr@sjsolutions.us*; you can submit the form via email, regular mail or hand it in at the office. Please keep a copy for your records. You will not 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.

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

COMPLAINANT INFORMATION

Name: (print) _____

Location: _____ Work Phone: _____

Rank: _____ Email: _____

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION

Supervisor's Name: _____

Rank: _____

Phone: _____ Work Location: _____

The 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?

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

Signature: _____ *Date:* _____