

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-harassmentworkplace

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:	

COMPLAINT INFORMATION

1.	Your complaint of Sexual Harassment is made about:		
Na	ıme: Rank:		
Ph	one: Work Location:		
	Relationship to you: □Supervisor □Subordinate □Co-Worker □Other		
2.	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.		
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3.	Date(s) harassment occurred:		
	Is the harassment continuing? □Yes □No		
4.	Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:		

Th	e 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?
	rou have retained legal counsel and would like us to work with them, please provide eir contact information.
Sig	gnature: Date: