



273 Beaver Dam Road
Brookhaven, NY 11719
Tel: 631-286-1923 Fax: 631-286-0120
www.brookhavenfreelibrary.org
bfl@brookhavenfreelibrary.org

Sexual Harassment Complaint Form

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Library Director. Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, the Library will still follow its sexual harassment prevention policy by investigating the claims. It is strongly encouraged that you complete this form, however, in order to provide the Library with sufficient information in order to conduct a thorough investigation.

COMPLAINT INFORMATION

Name: _____

Home Address: _____

Home Phone: _____

Job Title: _____ Email: _____

Specify Preferred Communication Method: _____

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name: _____ Title: _____

Relationship to you: Supervisor Subordinate Co-Worker Other



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2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. (Please use additional sheets of paper if necessary and attach any relevant documents or evidence.)

3. Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing: Yes No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint.

I request that the Brookhaven Free Library investigate this complaint of sexual harassment in a timely and, to the extent feasible, confidential manner and advise me of the results of the investigation.

Signature: _____ Date: _____

Adopted: 10/16/18