

**CITY OF NIAGARA FALLS**  
**COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT**

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to a supervisor, manager or the City Administrator. Once you submit this form, the City will follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, the City is still required to follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

**COMPLAINANT INFORMATION**

Employee                       Volunteer                       Applicant (for Exams, Licensing, Permits)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_                      Department: \_\_\_\_\_

Immediate Supervisor's Name & Title: *(if different from Dept. Head)*  
\_\_\_\_\_

Supervisor's Work Phone: \_\_\_\_\_

Supervisor's Work Address: \_\_\_\_\_

**COMPLAINT INFORMATION**

1. Your complaint of Sexual Harassment is made against:

Name: \_\_\_\_\_                      Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Relationship to you:  Supervisor     Subordinate     Co-Worker     Other \_\_\_\_\_

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.

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3. Date(s) alleged sexual harassment occurred: \_\_\_\_\_

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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:

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*The last two questions are **optional**, but may help facilitate the investigation.*

5. Have you previously complained or provided information (verbal or written) about sexual harassment at the City of Niagara Falls? If yes, when and to whom did you complain or provide information? \_\_\_\_\_

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*Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.*

6. Have you filed a claim regarding this complaint with a federal, state or local government agency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you instituted a legal suit or court action regarding this complaint?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you hired an attorney with respect to this complaint?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*In filing this complaint, you are saying that the allegations you are making are true and correct to the best of your knowledge. You acknowledge that the information may be used by the City of Niagara Falls to further investigate the complaint.*

*I request that the City of Niagara Falls investigate this complaint of sexual harassment in a timely and discreet manner as outlined below, and advise me of the results of the investigation.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to the City's Sexual Harassment Prevention Policy, allegations will be investigated through actions such as:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing Witnesses
- Collecting and reviewing any related documents

A written document of the findings of the investigation will be prepared and submitted to the City Administrator, along with any recommended corrective actions. The complainant and the individual(s) against whom the complaint was made will be notified by letter or via email.