



**EMPLOYEE REPORTING FORM
SEXUAL HARASSMENT**

COMPLAINANT INFORMATION

Name: _____

Home Address: _____

Home Phone: _____

Job Title: _____

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 or other) _____

2. Please describe the conduct of 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 as needed, and attach any relevant documents or evidence.



3. Date(s) Sexual Harassment occurred: _____

is the sexual harassment still continuing? Yes or NO

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

5. Have you previously complained or provided information (verbally or written) about sexual harassment while employed at The Niagara Falls Water Board? If Yes, when and whom did you complain or provide information?

I request that the Niagara Falls Water Board investigate this complaint of sexual harassment in a timely and confidential manner as outlined in the Sexual Harassment Policy.

Signature: _____ Date _____

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.