



THERAPY PROS O.T. & EDUCATIONAL SERVICES, PLLC

**966 Manor Road
Staten Island, NY 10314
Phone: 718-982-7904**

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 into the mailbox. Once you submit this form, Therapy Pros will follow-up and investigate any claims.

If you are more comfortable reporting verbally or in another manner, Therapy Pros will investigate the claims as outlined at the end of this form.

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

COMPLAINANT INFORMATION

Name:

Home Address:

Work Address:

Home Phone:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method:

(please select one)

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.



SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name:

Title:

Work Address:

Work Phone:

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.

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:

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 [Name of employer]? If yes, when and to whom did you complain or provide information?

☐ Yes ☐ No

Have you hired an attorney with respect to this complaint?

☐ Yes ☐ No

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.

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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

I request that Therapy Pros investigate this complaint of sexual harassment in a timely and confidential manner as outlined below, and advise me of the results of the investigation.

Signature: _____ Date: _____

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Instructions for Employers

If you receive a complaint about alleged sexual harassment, you must follow your sexual harassment prevention policy by investigating the allegations through actions such as:

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

You should create a written document of the findings of the investigation, along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This may be done via email.

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