



If you believe that you have been subjected to any form of harassment, including sexual harassment, you are encouraged to complete this form and submit it to the Head of Human Resources or your Supervisor. If you are more comfortable reporting orally or in another manner, you may do so and can follow the guidelines set forth in the Non-Harassment policy. You will not be retaliated against for filing a complaint.

General Information

Your Name / Job Title:

Your Department / Supervisor:

Preferred Communication Method (if via e-mail or phone, please provide contact info):

Complaint Information

1. Please tell us who you believe has violated our policy against non-harassment, including sexual harassment. What is their relationship to you (e.g., 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. Please provide specific date(s) the alleged harassment, including sexual harassment, occurred. Additionally, please advise if the alleged harassment is continuing.

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

This last question is optional, but may help the investigation

5. Have you previously complained or provided information (oral or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Sign and date this form below

Signature: _____ Date: _____