Brooklyn For Peace - Sexual Harassment Complaint Form

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment. As BFP’s Sexual Harassment Prevention Policy applies to all BFP employees, Board members, committee members, and volunteers, anyone who identifies as such may fill out this form.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to BFP Board Members Melissa Corbett (msmcorbett@gmail.com) and Betta Broad (bettabroad@gmail.com). You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, Melissa and Betta should complete this form, review it with you for accuracy, and provide you with a copy.

Melissa and Betta will then investigate the claims as outlined in BFP’s Sexual Harassment Prevention Policy.

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

COMPLAINANT INFORMATION

Name:
Work Address (if applicable):
Work Phone (if applicable):
Private Phone:
Email:
Select Preferred Communication Method: ☐ Email ☐ Phone ☐ In person

SUPERVISORY INFORMATION (if applicable)

Immediate Supervisor’s Name:
Title:
Work Phone:
Work Address:

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.
COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

   Name: 
   Title: 

   Work Address: 
   Work Phone: 

   Relationship to you: ☐ Supervisor   ☐ Subordinate   ☐ Co-Worker   ☐ BFP Board member, committee member, or volunteer   ☐ 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.

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 who may have information related to your complaint:

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (verbal 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.

Signature:_______________________________________  Date:_____________________

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