



# Monroe Community College

STATE UNIVERSITY OF NEW YORK

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit to:

Monroe Community College  
1000 East Henrietta Road  
Office of Human Resources, 6-301  
Rochester, NY 14623

You will not be retaliated against for filing a complaint. If you are more comfortable reporting verbally or in another manner, please contact the Office of Human Resources at (585) 292-2048, or use one of the online report forms:

[Bias Incident Report Form](#)  
[Sexual Harassment/Sexual Misconduct Report Form](#)

## YOUR NAME AND CONTACT INFORMATION

Name:

Work Address:

Work Phone:

Cell Phone:

Job Title:

Email:

Select Preferred Communication Method:

Email  Work Phone  Cell Phone  In person

## SUPERVISOR INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

## INFORMATION ABOUT YOUR COMPLAINT

1. Your complaint of Sexual Harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you:  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.

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: \_\_\_\_\_