

# Hobart and William Smith Colleges

## Complaint Form for reporting sexual harassment, harassment, or discrimination.

Hobart and William Smith Colleges is committed to providing a work environment that is free of unlawful sexual harassment, harassment, and discrimination. In support of this commitment, HWS strictly prohibits all forms of unlawful sexual harassment, harassment, and discrimination.

If you believe that you have been subjected to sexual harassment, harassment, or discrimination you are encouraged to complete this form and submit it either to your direct supervisor, the Title IX Coordinator, or the Vice President for Human Resources.

If you are more comfortable reporting verbally or in another manner, the Colleges is still required to follow its Harassment and Non-discrimination policy by investigating the claims.

### **Complaint Form** (to be completed by employee)

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Preferred telephone number: \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

Date(s) and time(s) of alleged incident: \_\_\_\_\_

Is the behavior continuing?    Yes      No

Your complaint of harassment or discrimination is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you:    Supervisor    Subordinate    Co-Worker    Other

Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is either sexual harassment, harassment, or discrimination. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

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Please provide any other information that you believe will assist the Colleges in investigating this incident.

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*The last two questions are optional, but may help facilitate the investigation.*

Have you previously complained or provided information (verbal or written) about sexual harassment, harassment, or discrimination at the Colleges? If yes, when and to whom did you complain or provide information?

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***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.***

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

Have you hired an attorney with respect to this complaint?

Yes                  No

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint.

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Signature

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Date

*Completing and submitting this form does not constitute a conclusive defense to charges of unlawful sexual harassment, harassment, or discrimination. Each claim 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 or discrimination policy and procedures.*