

# Fort Hudson Health System

#00-200-05-F1

## Sexual Harassment Complaint Form

This form is designed to assist individuals making a report under Fort Hudson's Sexual Harassment Prevention Policy. If you believe you are, or have been, subject to conduct in violation of the Sexual Harassment Prevention Policy, or witness or otherwise become aware of such conduct, you are expected to report that information either verbally or in writing. It is the policy of Fort Hudson to promptly and thoroughly investigate such reports.

If you wish to make a written report, you may use this form to do so. After completing this form, please submit it to Human Resources in person or via email, fax, or mail to:

**Director of Human Resources  
Fort Hudson Health System, Inc.  
319 Broadway  
Fort Edward, NY 12828**

**(518) 747-2811 (phone)  
(518) 747-2740 (fax)  
kwinsman@forthudson.com**

If you are more comfortable reporting verbally or in another manner, you are welcome to do so.

Fort Hudson prohibits retaliation against any individual who opposes a discrimination practice, makes a good faith report of discrimination or harassment, or who participates in an investigation of such reports. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable us to investigate and respond to these matters.

### YOUR INFORMATION

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

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Communication Method: \_\_\_\_\_

### SUPERVISOR'S INFORMATION

Immediate Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Address: \_\_\_\_\_

\_\_\_\_\_

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## INFORMATION CONCERNING SUSPECTED HARASSMENT

1. The name of the person(s) involved in your complaint

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

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other identifying information: \_\_\_\_\_

Relationship to you: Supervisor Subordinate Co-Worker Other: \_\_\_\_\_

2. Please describe the conduct or incident(s) that are the basis of this report and your reasons for believing the conduct is harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

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3. Date(s) harassment occurred: \_\_\_\_\_

Is the 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. Please use additional sheets of paper if necessary.

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5. Have you previously complained or provided information (verbal or written) about harassment at Fort Hudson? If yes, when and to whom did you complain or provide information?

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Upon receipt of this report, a representative will contact you. Every effort will be made to assure that confidentiality will be maintained throughout the investigatory process to the extent consistent with the need to investigate your report and to take appropriate corrective action. For additional information, see the Sexual Harassment Prevention Policy.

*The information provided in this report is true and complete and I request that Fort Hudson investigate this complaint and advise me of the outcome of the investigation.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_