



**SEXUAL HARASSMENT  
EMPLOYEE COMPLAINT FORM**

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees to report alleged incidents of sexual harassment. The University’s Non-Discrimination and Anti-Harassment Policy & Complaint Procedures serves as its sexual harassment prevention policy (among other things).

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it (via personal hand delivery or email) to:

Deputy Title IX Coordinator – Human Resources  
Ms. Renee Coker, Senior Director, Talent Management  
Yeshiva University – Human Resources - Wilf Campus, BH 806  
2495 Amsterdam Avenue, New York, New York 10033  
(646) 592-4336 / renee.coker@yu.edu

You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the University will complete this form, provide you with a copy and follow its Non-Discrimination and Anti-Harassment Policy & Complaint Procedures by investigating the claims as outlined in the policy.

**For additional resources, visit: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment)**

**COMPLAINANT INFORMATION**

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

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

Work Location/School/Department: \_\_\_\_\_

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

Email: \_\_\_\_\_

Select Preferred Communication Method: (please select one)

- Email
- Phone
- In person

**SUPERVISORY INFORMATION**

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

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

Work Location/School/Department: \_\_\_\_\_

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

**COMPLAINT INFORMATION**

**1. Complaint of Sexual Harassment is made against:**

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

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

Work Location/School/Department: \_\_\_\_\_

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

Relationship to you:        \_\_\_ Supervisor

\_\_\_ Subordinate

\_\_\_ Co-Worker

\_\_\_ Other: \_\_\_\_\_

**2. Please explain in detail the circumstances regarding the complaint. Please describe what happened, and provide date(s) Sexual Harassment occurred and where it occurred. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Sexual Harassment continuing? \_\_\_Yes \_\_\_No

**3. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:**

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

**4. Have you previously complained or provided information (verbal or written) about related incidents?**

Yes  No

If yes, when and to whom did you complain or provide information?

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

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