



## **JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY** **COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT**

If you believe that you have been subjected to, are aware of, or have witnessed sexual harassment in the workplace, you are encouraged to complete this form and directly submit it to the Joint Industry Board of the Electrical Industry's ***Director of Human Resources*** or ***Director of Administration***; *you may deliver the form in person or email it.* Once you submit this form, your employer must follow its sexual harassment prevention policy and investigate any claims.

If you are more comfortable reporting verbally or in another manner, your employer is still required to complete this form and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form. For additional information on sexual harassment, please review the Joint Industry Board's Policy on Sexual Harassment. **For additional resources, you may also visit: [ny.gov/combating-sexual-harassment](http://ny.gov/combating-sexual-harassment).**

### **COMPLAINANT INFORMATION**

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

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

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

Home Phone: \_\_\_\_\_

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

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

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

### **SUPERVISORY INFORMATION**

Supervisor's Name:

\_\_\_\_\_

Supervisor's Work Phone:

\_\_\_\_\_

Supervisor's Title:

\_\_\_\_\_

Supervisor's Work Address:

\_\_\_\_\_

\_\_\_\_\_



## **COMPLAINT INFORMATION**

**1. Your complaint of Sexual Harassment is made against:**

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

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

Individual's Relationship to you (circle one): Supervisor Subordinate Co-Worker

Other (please specify): \_\_\_\_\_

**2. Is the complaint of Sexual Harassment made on behalf of someone else or did you witness Sexual Harassment against someone other than yourself? Yes \_\_\_\_\_ No \_\_\_\_\_**

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

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**4. Date(s) sexual harassment occurred: \_\_\_\_\_**

Is the sexual harassment continuing? Yes \_\_\_\_\_ No \_\_\_\_\_



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Yes\_\_\_\_\_ No\_\_\_\_\_

3



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

**7. Have you previously complained or provided information (verbal or written) about sexual harassment at the Joint Industry Board? If yes, when and to whom did you complain or provide information?**

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**8. (a) Have you filed a claim regarding this complaint with a federal, state or local government agency, such as the Division of Human Rights, the United States Equal Employment Opportunity Commission, the Law Enforcement Bureau of the NYC Commission on Human Rights, or your local Police Department?**

Yes \_\_\_\_ No \_\_\_\_

If "Yes", please state which entity(ies): \_\_\_\_\_

**(b) Have you instituted a legal suit or court action regarding this complaint?**

Yes \_\_\_\_ No \_\_\_\_

If "Yes", please state in which Court: \_\_\_\_\_

**(c) Have you hired an attorney with respect to this complaint?**

Yes \_\_\_\_ No \_\_\_\_

If "Yes", please provide your attorney's name and contact information:

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### **ACKNOWLEDGMENT**

*I hereby request that the Joint Industry Board investigate this complaint of Sexual Harassment in a timely and, to the extent possible, confidential manner, and advise me of the results of the investigation.*

*I am making this complaint in good faith and I declare that the above, along with all attachments and documents I have included, are true statements to the best of my belief.*

*In order to preserve the integrity of the process and to maintain necessary discretion, I will not discuss this complaint with anyone other than those involved in the investigation process. I shall cooperate fully in the investigation of my complaint and provide any evidence or further information that the Joint Industry Board deems relevant upon request.*

*I further understand that all persons involved, including complainants, witnesses, and alleged harassers, will be accorded due process to protect their rights to a fair and impartial investigation, and may also receive a copy of this complaint. I further understand that any employee, witness, and/or complainant who reports sexual harassment in good faith or participates in any investigation will not be retaliated against.*

Complainant's Name (Print): \_\_\_\_\_

(Sign): \_\_\_\_\_

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

Prepared by, if other than the Complainant (Print & Sign): \_\_\_\_\_