

Complaint Form

Please use this form for reporting harassment, sexual harassment or violence in the workplace.

If you believe that you have been subjected to harassment, sexual harassment or violence in the workplace, you are encouraged to complete this form and submit it to the VP of Human Resources, at 2201 Dwyer Ave, Utica, NY 13501 or lgreen@htcorp.net. There is no need to follow any formal chain of command when filing your complaint and you may bypass anyone in your direct chain of command. Please understand that the company takes complaints of harassment, sexual harassment or violence very seriously! You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, someone in Human Resources can assist you in completing the form and provide you with a copy. Human Technologies will follow its policies by investigating the allegation as outlined in the respective policies.

COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method:

Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1. Are you making an allegation of:

Harassment Sexual Harassment Violence

2. Your complaint is made against:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: Supervisor Subordinate Co-Worker Other

3. 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.

4. Date(s) incident occurred:

Is the situation continuing? Yes No

5. 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.

6. 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: _____