



Quaker Springs Fire District #1  
107 Blodgett Road  
PO Box 67  
Schuylerville, NY 12871  
518-584-3349

## COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to a Fire Commissioner. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, speak to a Fire Commissioner. The Fire Commissioner will complete this form, provide you with a copy and follow QSFD's sexual harassment prevention policy.

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

### COMPLAINANT INFORMATION

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

Contact phone number: \_\_\_\_\_

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

Select preferred communication method: ☐ email ☐ phone ☐ in person

## COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

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

2. 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.

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

Is the sexual harassment continuing? ☐ yes ☐ no

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

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

5. 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?

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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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*Complainant Signature:* \_\_\_\_\_

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

***Fire Commissioner use only:***

*Name of Fire Commissioner receiving form:* \_\_\_\_\_

*Date form received:* \_\_\_\_\_