

SEXUAL HARASSMENT INCIDENT REPORT/COMPLAINT FORM

Instructions: Complete form and submit to the Human Resources Director to report alleged incident(s) of sexual harassment. Imagine Early Learning Centers will follow its sexual harassment prevention policy as stated in the Employee Handbook and investigate any claims. If you are more comfortable reporting verbally or in another manner, you can contact the Human Resources Director at 718-960-8553 or by email, josie@imagineelc.com.

The person alleging harassment will be called the "Complainant", and the person against whom the complaint is made will be called the "Respondent". This form may be used by another person/witness/bystander to report an incident or to file a formal complaint.

Complainant Information

Print Name: _____ Center: _____

Job Title: _____ Cell Phone: _____

Respondent Information

Print Name: _____ Job Title: _____

If this report is completed by another person reporting an incident of alleged sexual harassment, please provide the following:

Reporting Person Print Name: _____ Center: _____

Job Title: _____ Cell Phone: _____

Statement of events: Please provide the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please attach additional information, relevant documents, and/or evidence by email to the HR Director.

Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? _____ YES _____ NO

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

The information provided in this complaint is true and correct to the best of my knowledge. I request that Imagine Early Learning Centers investigate this complaint of sexual harassment.

Signature of Complainant/Reporting Person _____

Today's Date _____