



WE ARE NEW YORK'S LAW SCHOOL

SEXUAL HARASSMENT COMPLAINT FORM

Name: _____ Complainant Accused

Faculty Staff Vendor Student Other (Explain): _____

Department (if applicable): _____

Address: _____

Email: _____

Day Phone: _____ Evening Phone: _____

Best Method of Contact: _____

Type of Allegation:

Sexual Harassment/Misconduct (non-violent)

Sexual Harassment/Misconduct Involving:

__ Violence __ Dating Violence __ Domestic Violence __ Stalking __ Rape __ Sexual Assault

Retaliation

Other (describe): _____

Brief Description: _____

Date and time of Incident: _____ Location of Incident: _____

Identify individual(s) who may have knowledge of the complained-of conduct (if different from above):

Is the behavior ongoing: Yes No

Identify any documents or physical evidence (e.g., notes, emails, letters, etc.) which contain information supporting the complained-of conduct:

Other Comments: _____

ACKNOWLEDGMENT

The information provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____