

CENTRAL HUDSON GAS & ELECTRIC CORPORATION

Complaint Form for Reporting Sexual Harassment or Gender Discrimination

This form is designed to assist an individual making a report under Central Hudson Gas & Electric Corporation’s Sexual Harassment and Gender Discrimination Prevention Policy. If you believe you are, or have been, subjected to conduct in violation of the Sexual Harassment and Gender Discrimination Prevention Policy, or witness or otherwise become aware of such conduct, you are expected to report that information either verbally or in writing. It is the policy of Central Hudson to promptly and thoroughly investigate such reports.

If you wish to make a written report, you may use this form to do so. After completing this form, please submit it to Human Resources or General Counsel. If you are more comfortable reporting verbally or in another manner, you are welcome to do so.

Central Hudson prohibits retaliation against any individual who opposes a discrimination or harassment practice, makes a good faith report of discrimination or harassment, or who participates in an investigation of such reports. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable us to investigate and respond to these matters.

YOUR INFORMATION

Name: _____

Home Address: _____

Work Address: _____

Personal Phone: _____

Work Phone: _____

Job Title: _____

E-mail: _____

Select Preferred Communication Method: (please select one of the above or a different method, including in person)

SUPERVISORY INFORMATION

Immediate Supervisor’s Name: _____

Title: _____

Work Phone: _____

Work Address: _____

INFORMATION CONCERNING SUSPECTED SEXUAL HARASSMENT

1. The name of the person(s) involved in your complaint Sexual Harassment or Gender Discrimination is made against:

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Relationship to you: Supervisor, Subordinate, Co-Worker, Other (please specify):

2. Please describe in detail what happened, including the conduct or incident(s) that is the basis of this report and your reasons for believing that the conduct is sexual harassment or gender discrimination. Also please describe whether and how this conduct or incident(s) is affecting you or your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) sexual harassment or gender discrimination occurred: _____

Is the sexual harassment or gender discrimination continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint. Please use additional sheets of paper if necessary.

5. Have you previously provided information (verbal or written) about related incidents at Central Hudson? If yes, when and to whom did you provide information?

This is not required, but if you have retained legal counsel and would like Central Hudson to work with such counsel, please provide relevant contact information.

Upon receipt of this report, a Human Resources representative or General Counsel will contact you. Every effort will be made to assure that confidentiality will be maintained throughout the investigatory process to the extent consistent with the need to investigate your report and to take appropriate corrective action(s). For additional information, see the Sexual Harassment and Gender Discrimination Prevention Policy.

The information provided in this report is true and complete and I request that Central Hudson investigate this complaint and advise me of the outcome of the investigation.

Signature: _____ Date: _____