



## Complaint Form for Reporting Sexual Harassment

October 9, 2018

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This form is designed to assist individuals making a report under Central Hudson Gas & Electric Corporation's Sexual Harassment Prevention Policy. If you believe you are, or have been, subject to conduct in violation of the Sexual Harassment 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 the 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. 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 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 that you prefer: (please select one of the above or a different method) \_\_\_\_\_

**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 is made against:

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

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_  
Work Phone: \_\_\_\_\_

Relationship to you:  Supervisor,  Subordinate,  Co-Worker,  Other:

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. Also please describe whether and how this conduct or incident(s) 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 that may have information related to your complaint. Please use additional sheets of paper if necessary.

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5. Have you previously complained or provided information (verbal or written) at Central Hudson Gas & Electric Corporation? If yes, when and to whom did you complain or provide information?

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Upon receipt of this report, a Human Resources representative 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. For additional information, see the Sexual Harassment 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:* \_\_\_\_\_