

Workplace Anti-Discrimination, Harassment and Retaliation Policy Complaint Form

ADAPP is committed to a discrimination, harassment, sexual harassment and retaliation-free workplace. To help ADAPP investigate, correct and prevent unlawful and improper workplace conduct, we have adopted a comprehensive Anti-Discrimination, Harassment and Retaliation Policy that includes this complaint form for employees to report alleged instances of conduct that violates that Policy.

If you believe that you have been subjected to discrimination, harassment, sexual harassment or retaliation in violation of our Policy, you are encouraged to complete this form and submit it to your supervisor or to the Assistant Clinical Director (Anna Barone-Fatigate) at abarone-fatigate@adapp.org or the Chief Operating Officer (BriAna Pechin) at briana.pechin@archny.org. Once you submit this form, ADAPP will follow its policy to conduct a prompt, thorough and objective investigation of the claims. You will not be retaliated against for filing a complaint.

For additional resources, visit: <https://www.ny.gov/programs/combating-sexual-harassment-workplace>

COMPLAINANT INFORMATION

Name:	
Home Address:	Work Address:
Contact Telephone Number:	Work Phone:
Job Title:	Email:
Preferred Communication Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> In-Person	

SUPERVISORY INFORMATION

Immediate Supervisor's Name:	
Work Address:	Work Phone:
Job Title:	Email:

COMPLAINT INFORMATION

1. Your complaint of discrimination, harassment or retaliation is made against:

Name:	
Work Address:	Work Phone:
Job Title:	Email:
Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Subordinate <input type="checkbox"/> Co-Worker <input type="checkbox"/> Other: _____	

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is prohibited discrimination/harassment/retaliation. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) discrimination, harassment or retaliation occurred: _____
Is the discrimination, harassment or retaliation continuing? Yes No

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

Name: _____ Contact Info.: _____

Name: _____ Contact Info.: _____

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?

I request that ADAPP investigate this complaint in a timely and confidential manner as outlined in its Workplace Anti-Discrimination, Harassment and Retaliation Policy, and advise me of the results of the investigation.

Signature: _____ Date: _____

Received by: _____ Date: _____