

# Complaint Form for Reporting Sexual Harassment

## AptaMatrix, Inc.

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Mark McPike (CEO) via email at [mpmcpike@aptamatrix.com](mailto:mpmcpike@aptamatrix.com). You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer will complete this form, provide you with a copy and follow its sexual harassment prevention policy by investigating the claims as outlined at the end of this form.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](http://ny.gov/programs/combating-sexual-harassment-workplace)**

### COMPLAINANT INFORMATION

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

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

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

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Select Preferred Communication Method:     Email     Phone     In person

### SUPERVISORY INFORMATION

Immediate Supervisor's Name: \_\_\_\_\_

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

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

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

## COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

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

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

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

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

Relationship to you:  Supervisor  Subordinate  Co-Worker  Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

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 who may have information related to your complaint:

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

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?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

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

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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### **What Next:**

Upon, receiving a formal sexual harassment complaint, management will follow the company's sexual harassment prevention policy and begin a formal investigation.

An investigation involves:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations will be investigated promptly and resolved as quickly as possible. The investigation will be kept confidential to the extent possible.

Findings of the investigation will be documented and these findings will be the basis for any corrective action(s) taken. The employee and the individual(s) against whom the complaint was made will be notified via email regarding corrective action(s), with a follow up one-on-one meeting with management.