



SEXUAL/GENDER BASED HARASSMENT COMPLAINT FORM
NEW YORK & NEW JERSEY LOCATIONS/CAMPUSES

If you believe that you have been subjected to sexual harassment¹, you are encouraged to complete this Form and submit it to Human Resources (Karen Carpentieri, VP Human Resources) via email. You may also report your complaint orally to Human Resources; you are not required to fill out this Form. Once you file a complaint (in writing/orally), we will follow the College Equal Opportunity Policy and investigate any claims pursuant to the Equal Opportunity Complaint Procedures for Associates. Regardless of how you choose to file a complaint, you will not be retaliated against for doing so.

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

For additional NJ resources, visit: <https://www.nj.gov/oag/dcr/employ.html#hostile>

COMPLAINANT INFORMATION

NAME: _____ CAMPUS LOCATION: _____
JOB TITLE: _____ WORK TELEPHONE NUMBER: _____
EMAIL: _____ PREFERRED COMMUNICATION METHOD: _____

MANAGER INFORMATION:

IMMEDIATE SUPERVISOR'S NAME: _____
TITLE: _____ CAMPUS LOCATION: _____
WORK TELEPHONE NUMBER: _____

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made against:

Name: _____ Title: _____

Status (Staff/Faculty/Student): _____

Campus Location: _____

¹ References to **Sexual Harassment** throughout this Complaint Form also include **Gender Based harassment**.

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment will be determined in accordance with existing legal standards, with due consideration of the particular facts and circumstances of the claim, including but not limited to the existence of an effective anti-harassment policy and procedure.

Relationship to you: Supervisor ___ Professor ___ Co-Worker ___ Manager ___ Other ___ (please explain)

2. Please describe what happened (the conduct or incident(s) that form the basis of this complaint) 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: _____
4. Is this sexual harassment continuing? Yes _____ No _____
5. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint.

The last two questions are optional, but may help facilitate the investigation.

6. Have you previously complained or provided information (verbal or written) about sexual harassment at Berkeley College/BES Inc.? If yes, when and to whom did you complain or provide information?

7. Have you filed a claim regarding this complaint with a federal, state or local government agency?
Yes _____ No _____

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

Signature: _____ Date: _____

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