



# DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN



200 Orange Street, New Haven, CT 06510  
(203) 946-8252  
hr@newhavenct.gov

## Sexual Harassment Employee Complaint Form

Instructions: This form is for the purpose of reporting sexual harassment complaints to the Human Resource Department for investigation, pursuant to the City of New Haven Sexual Harassment Policies. Before completing this form, please read all instructions, including the Confidentiality Statement on page 3. Complaints that involve the alleged breach of a collective bargaining agreement may be addressed through the relevant collective bargaining agreement's dispute resolution procedure. Other complaints may be addressed with the employee's supervisor, with union involvement as appropriate for bargaining unit employees. Please type or print all responses. Completed forms may be emailed to [HR@newhavenct.gov](mailto:HR@newhavenct.gov) or brought/mailed to the address above.

### INDIVIDUAL FILING COMPLAINT:

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

Mailing address: \_\_\_\_\_

Phone number(s), cell: \_\_\_\_\_ work: \_\_\_\_\_ home: \_\_\_\_\_

Current job title: \_\_\_\_\_

Department: \_\_\_\_\_

Work location: \_\_\_\_\_

How long have you worked for the City of New Haven? \_\_\_\_\_

Have you filed an official complaint with any other agency or commenced a private legal investigation?

Yes

No

If YES, with whom was the action commenced? \_\_\_\_\_

At what stage is this action? \_\_\_\_\_

Have you attempted to resolve this matter by discussing it with someone else (management, union, EAP)?

Yes

No

If YES, please provide details:

**COMPLAINT FILED AGAINST:**

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

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

Department: \_\_\_\_\_

Work location: \_\_\_\_\_

Describe in detail the alleged act(s) indicating dates, places, names, and titles of persons involved, add additional pages if necessary.

Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge, add additional pages as needed.

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

Description:

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

Description:

How do you believe this matter can best be resolved?

**CONFIDENTIALITY STATEMENT**

The Department Head and the Department of Human Resources will make reasonable efforts to investigate and address reports of sexual harassment under the City of New Haven’s Sexual Harassment Policy, and information may be disclosed to participants in an investigation as necessary to facilitate the thoroughness and integrity of the investigation. In all such proceedings, the Department of Human Resources will maintain the privacy of the parties to the extent required by state or federal law.

**AFFIRMATION & SIGNATURE:**

- I affirm that I have read the preceding information and charge (s) and attest that it is true to the best of my knowledge, information, and belief.
- I understand that in the event an investigation finds that this complaint knowingly or maliciously falsely accuses another employee of sexual harassment, that I will be subject to appropriate disciplinary action, up to and including termination.
- I have read and I understand the confidentiality statement. I hereby give the Department of Human Resources permission to thoroughly investigate my complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted