

**COMPLAINT FORM FOR REPORTING SEXUAL HARASSMENT,
HARASSMENT, AND DISCRIMINATION**

St. John Fisher University

New York State Labor Law requires all employers to adopt a sexual harassment

COMPLAINT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In Person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____