

The Wallace Foundation

Complaint Form for Reporting Sexual Harassment

If you believe you have been subjected to sexual harassment, you are encouraged to report this to a manager, the Chief Administrative Officer, or the President. You may do so verbally or in writing, or use this complaint form. You may also submit this complaint form to reporting@wallacefoundation.org.

All complaints of sexual harassment will be investigated, whether reported in verbal or written form. All persons involved, including complainants, witnesses and individuals against whom a complaint is made have a right to a fair and impartial investigation.

Investigations will be conducted in as timely and confidential manner as possible, consistent with the need to conduct a thorough and effective investigation, should be completed within 30 days, and follow the steps described in our *Sexual Harassment Prevention* policy.

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

Name	
Work Phone	
Email	

I am submitting this complaint:

On my own behalf

On behalf of another individual where I have witnessed this behavior

1) My complaint of sexual harassment is made against:

Name:

Title:

Organization where the individual is employed if other than The Wallace Foundation:

2) This individual is my:

_____ **Manager**

_____ **Subordinate**

_____ **Co-worker**

_____ **Other:** _____

3) Please describe what happened and how it is affecting you and your work. Please include the date(s) the sexual harassment happened. (Please use additional sheets of paper if necessary and attach and relevant documents or evidence.)

4) Is the 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.

6) 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.

Signature: _____

Date: _____