



**SEX DISCRIMINATION/SEX-BASED HARASSMENT
COMPLAINT FORM**

If you believe that you have been subjected to discrimination or harassment based upon sex, gender, sexual orientation, gender identity, sex stereotypes, sex characteristics and/or pregnancy or related conditions, and you want the College to investigate the matter, you have the **option** to complete this Complaint Form and submit it to Human Resources (Janette Williamson, Director, Human Resources) via email. (Filing this Form is *optional*; you can still make a complaint orally, according to the Procedures referenced below). Once you file this Complaint Form, we will follow the College Title IX Sex Discrimination, Sex-Based Harassment and Sexual Misconduct Policy and the Title IX Sex Discrimination, Sex-Based Harassment and Sexual Misconduct Procedures to investigate and adjudicate your complaint. You will not be retaliated against for filing a complaint or otherwise exercising your rights under the College Title IX Sex Discrimination, Sex-Based Harassment and Sexual Misconduct Policy.

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 Sex Discrimination/Sex-Based Harassment is made against:

Name: _____ Title: _____

Status (Staff/Faculty/Student): _____

Adoption of this form does not constitute a conclusive defense to charges of unlawful sex discrimination or sex-based harassment. Each claim 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.

Campus Location: _____

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) sex discrimination/sex-based harassment occurred: _____
4. Is this sex discrimination/sex-based 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 sex discrimination/sex-based 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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