BUFFALO
SEWER AUTHORITY

SEXUAL HARASSMENT INCIDENT REPORT/COMPLAINT FORM

Instructions: Complete form and submit to the Director of Employee Relations, 1038 City Hall

The information provided on this form will assist in the investigation of a complaint of sexual harassment. Please feel free to attach as many additional sheets of information as necessary. Any member of the campus community may assist you in completing this form.

The person alleging harassment will be called the "Complainant", and the person against whom the complaint is made will be called the "Respondent". ***This form may be used to report an incident or to file a formal complaint.***

Reporting Person

Name _____

Department _____

Name of Complainant (if other than above) _____

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Respondent Name _____

Department _____

Statement of events provided by Complainant or Reporting Person Please provide a detailed statement of the incident, including dates, places, and names of witnesses. Please attach additional sheets as needed.

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Signature of Reporting Person _____ Date _____

Signature of Complainant* _____ Date _____
(*signature not required)

It may be necessary to disclose your identity and/or complaint, as well as to conduct a formal investigation. Should such a disclosure become necessary, it will be only to the person(s) with a need to know your identity of the details and nature of the complaint.