

**HOFSTRA UNIVERSITY
HARASSMENT COMPLAINT FORM**

Name: _____

Title: _____

Department/School/College: _____

Campus Address and Telephone or place where you can be reached:

concluding that it constitutes sexual harassment or harassment based on any protected characteristic; and (b) how it is affecting you and your work; (2) the name and position in the University community held by the person or persons who committed the alleged act(s); (3) the date(s) and time(s) on which the alleged act(s) occurred and a statement as to whether the harassment is continuing or not continuing; and (4) a statement indicating the remedy you are seeking. (You may attach additional pages if necessary.) Please also attach copies of documents or other materials that may be relevant to your complaint. You will not be retaliated against for filing a complaint. If you are more comfortable reporting verbally or in another manner, you may contact Human Resources at 516-463-6859, 205 Hofstra University, or Public Safety at 516-463-6606, Hofstra Information Center, who will assist you in completing this form.

Witnesses:

Please list any and all individuals who were in a position to witness any of the alleged act(s) or may have other relevant information.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Proceedings:

Have you initiated a court action or filed a charge related to the facts of this complaint with any local, state and/or federal agency?

Yes _____

No _____

If yes, please attach a copy of your charge or complaint to this document.

My signature certifies that all information provided on this form and supporting documentation is true and correct.
