



1000 Hempstead Ave., PO Box 5002, Rockville Centre, NY 11571-5002
www.molloy.edu

APPENDIX A: EMPLOYEE AND COVERED NON-EMPLOYEE REPORT, COMPLAINT, AND FORMAL COMPLAINT FORM

New York State requires all employers to adopt a sexual harassment prevention policy that includes a complaint form for employees and covered non-employees to report in writing alleged incidents of sexual harassment. This form serves that purpose for all sexual misconduct as described in Molloy College's Sexual Misconduct Policy including Title IX sexual harassment and sexual harassment as defined by New York State law.

If you are an employee or covered non-employee of the College who believes that you have been subjected to sexual misconduct, you are encouraged to complete this form and submit it to the Title IX Coordinator at the contact information below. This form may be submitted in person, via mail, or via email. You will not be retaliated against for filing a complaint.

Lisa Miller
Assistant Vice President of Human Resources and Title IX Coordinator
1000 Hempstead Avenue
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Rockville Centre, New York 11571
(516) 323-3046
lmiller@molloy.edu

Reporting the incident alone (either verbally or in writing) generally **will not** initiate either of the College's formal grievance processes, but will, among other things, **provide you access to supportive measures from the College**. If, however, you wish to initiate one of the College's formal grievance processes, you must check the appropriate box on this form, complete and sign the form, and submit it to the Title IX Coordinator. The Title IX Coordinator will ultimately determine which formal grievance process (Process A or Process B) is applicable. Neither formal grievance process can be initiated without this form being completed, including the appropriate box being checked in Question 7, and signed either by you or, if you do not wish to pursue a formal grievance process but it is deemed necessary after the requisite analysis, by the Title IX Coordinator.

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

COMPLAINANT INFORMATION

Name: _____

Email: _____

Phone Number: _____

Select Preferred Communication Method:

Email Phone In person

INCIDENT INFORMATION

If any information is unknown, please write “unknown.”

1. Your report, complaint, or formal complaint of sexual misconduct is made about:

Name: _____

Title: _____

Department: _____

Work Phone: _____

This person is: Your Supervisor Your Subordinate A Co-Worker A Student
 Unknown Other (please explain) _____

2. Date(s) sexual misconduct occurred:

Is the sexual misconduct continuing? Yes No

3. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

Regarding the incident(s) described above, I:

Request that Molloy College proceed with the applicable formal grievance process (either Process A or Process B), as determined by the Title IX Coordinator, and initiate an investigation.

Request that Molloy College proceed with a formal grievance process and initiate an investigation **only if** the Title IX Coordinator determines that **Process A** is applicable.

Request that Molloy College proceed with a formal grievance process and initiate an investigation **only if** the Title IX Coordinator determines that **Process B** is applicable.

Wish **only** to report the incident to the College and do not want to initiate any formal grievance process, including an investigation, regarding the incident(s) at this time.

I understand that my wishes indicated above will be honored unless the Title IX Coordinator determines in good faith that a formal grievance process is necessary.

Signature: _____ Date: _____