



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 University'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 University 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
Kellenberg Hall, Room K-11
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 University's formal grievance processes, but will, among other things, **provide you access to supportive measures from the University**. If, however, you wish to initiate one of the University'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.

4. Please list the name and contact information of any witnesses or individuals that may have information related to the incident(s) described above.

5. *This question is optional but may help the investigation.* 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?

6. If you have retained legal counsel and would like Molloy University to work with them, please provide their contact information.

7. Please check (1) one box below to indicate your wishes for how the University will proceed regarding the incident discussed above. If you wish to change this answer at any time, please contact the Title IX Coordinator.

Regarding the incident(s) described above, I:

Request that Molloy University 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 University 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 University 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 University 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: _____