



**SEXUAL/GENDER BASED HARASSMENT COMPLAINT FORM
NEW YORK & NEW JERSEY LOCATIONS/CAMPUSES**

If you believe that you have been subjected to sexual harassment¹, and you want the College to investigate the matter, you are required to complete this Form (Formal Complaint) and submit it to Human Resources (Karen Carpentieri, VP Human Resources) via email. Once you file this Formal Complaint, we will follow the College Title IX (and Non-Title IX) Sexual Harassment and Sexual Misconduct Policy and corresponding 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 (and Non-Title IX) Sexual 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 Sexual Harassment is made against:

Name: _____ Title: _____
Status (Staff/Faculty/Student): _____
Campus Location: _____

¹ References to **Sexual Harassment** throughout this Complaint Form also include **Gender Based harassment**.

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment 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.

Relationship to you: Supervisor____ Professor____ Co-Worker____ Manager____ Other____ (please explain)

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) sexual harassment occurred:_____

4. Is this sexual 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 sexual 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: _____

Adoption of this form does not constitute a conclusive defense to charges of unlawful sexual harassment. Each claim of sexual harassment 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.