# FAIR TREATMENT PRACTICES REPORT

# *Reporting concerns regarding sexual or other forms of harassment*

*For employees of Northern Rivers Family of Services and member affiliates*

Employees who have concerns related to sexual or any form of harassment should complete this form and submit it to Human Resources. Submit it through the U.S. Postal Service or by interoffice mail to Human Resources, 60 Academy Rd., Albany, NY 12208; by email to [humanresources@northernrivers.org](mailto:humanresources@northernrivers.org); or by fax to 518.426.2891.

Once we receive the completed form, we will follow our Fair Treatment Practices Policy and investigate any concerns. Note: Even if employees are more comfortable reporting verbally or through another manner, Human Resources will still follow the Fair Treatment Practices Policy and investigate any concerns.

If you have additional questions, please refer to HR 09 Fair Treatment Practices Policy.

### EMPLOYEE INFORMATION

Your name Click here to enter text.

Work address Click here to enter text.

Work phone Click here to enter text.

Job title Click here to enter text.

Email Click here to enter text.

Personal phone Click here to enter text.

Preferred communication method Choose an item.

### SUPERVISOR’S INFORMATION

Immediate supervisor’s name Click here to enter text.

Immediate supervisor’s title Click here to enter text.

Immediate supervisor’s work phone Click here to enter text.

Immediate supervisor’s work address Click here to enter text.

### COMPLAINT INFORMATION

Your complaint of sexual or another form of harassment is made against:

Name Click here to enter text.

Title Click here to enter text.

Work address Click here to enter text.

Work phone Click here to enter text.

Relationship to you Choose an item.

**PLEASE COMPLETE BOTH SIDES OF THIS DOCUMENT**

### COMPLAINT INFORMATION (cont’d)

1. Please describe what happened and how it is affecting you and your work. Please use additional sheets if necessary and attach any relevant documents, photos, or other evidence.

Click here to enter text.

1. What date(s) did the incident(s) occur? Click here to enter text.

Is the behavior continuing? Click here to enter text.

1. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint.

Click here to enter text.

1. Optional: Have you previously complained or provided information (verbal or written) about related incidents? If yes, when (date) and to whom did you complain or provide information?

Click here to enter text.

1. If you have retained legal counsel and would like us to work with him or her, please provide the contact information.

Click here to enter text.