



Office of TITLE IX/EEO
Phone 518-782-6673
Fax 518-782-6673

Siena College Complaint Form for Reporting Sexual Harassment

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to Lois Goland, Title IX Coordinator/EOS, via email at lgoland@siena.edu or in person at the Title IX/EOS office, Sarazen Student Union, room 235. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, Siena will collect the information required and investigate pursuant to its Sexual Misconduct & Interpersonal Violence policy.

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

COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method:

Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Phone:

Work Address:

COMPLAINT INFORMATION

1. Your complaint of Sexual Harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: ____Supervisor ____Subordinate ____Co-Worker ____Other

2. 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.

3. Date(s) sexual harassment occurred:

Is the sexual harassment continuing? ____Yes ____No

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

The last question is optional, but may help the investigation.

5. 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?

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

Signature: _____ Date: _____