Ossining Public Library – Unlawful Harassment Reporting Form

This form is designed to assist individuals making a report under the Library’s Unlawful Harassment Policy. If you believe you are, or have been, subject to conduct in violation of the Unlawful Harassment Policy, or witness or otherwise become aware of such conduct, you are expected to report that information either verbally or in writing. It is the policy of the Library to promptly and thoroughly investigate such reports.

If you wish to make a written report, you may use this form to do so. After completing this form, please submit it to your supervisor, the Library Director, the Assistant Library Director, or the Library Board of Trustees. If you are more comfortable reporting verbally or in another manner, such as by email, you are welcome to do so. The Library Director’s email is director@ossininglibrary.org and the Board of Trustees email is trustees@ossininglibrary.org.

The Library prohibits retaliation against any individual who opposes a discrimination practice, makes a good faith report of discrimination or harassment, or who participates in an investigation of such reports. Your cooperation in truthfully completing this form and providing as much accurate information as possible will enable us to investigate and respond to these matters.

YOUR INFORMATION

Name: _________________________
Home Address: __________________ Work Address: _______________________
_______________________________  ______________________________
Personal Phone: _________________ Work Phone: ________________________
Job Title: _______________________
Email: __________________________
Preferred Communication Method: ______________________________

SUPERVISOR’S INFORMATION

Immediate Supervisor’s Name: ____________________ Title: ____________________
Work Phone: ____________________ Work Address: _______________________

IF YOU ARE NOT THE VICTIM OF THE SUSPECTED HARASSMENT, please provide your contact information:

Name: _________________________
Home Address: __________________ Work Address: _______________________
_______________________________  ______________________________
Personal Phone: _________________ Work Phone: ________________________
Job Title: _______________________
Email: __________________________
Preferred Communication Method: ______________________________

INFORMATION CONCERNING SUSPECTED HARASSMENT

1. The name of the person(s) involved in your complaint
   Name: ________________________  Title: ________________________
   Work Address: _________________  Work Phone: _______________________
   Other identifying information: ____________________________
   Relationship to you: ☐Supervisor  ☐Subordinate  ☐Co-Worker  ☐Other: ___________

2. Please describe the conduct or incident(s) that are the basis of this report and your reasons for believing the conduct is harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. Date(s) harassment occurred: ________________________________
   Is the 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. Please use additional sheets of paper if necessary.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. Have you previously complained or provided information (verbal or written) about harassment to the Library? If yes, when and to whom did you complain or provide information?
   __________________________________________________________

Upon receipt of this report, a Library representative will contact you. Every effort will be made to assure that confidentiality will be maintained throughout the investigatory process to the extent consistent with the need to investigate your report and to take
appropriate corrective action. For additional information, see the Unlawful Harassment Policy.

*The information provided in this report is true and complete and I request that the Library investigate this complaint and advise me of the outcome of the investigation.*

Signature: _________________________________  Date: ________________