## HOFSTRA UNIVERSITY HARASSMENT COMPLAINT FORM

Name:
Title:
Department/School/College:
Campus Address and Telephone or place where you can be reached:
Complaint:
Please provide: (1) a description of the alleged act(s) that occurred and (a) your reasons for concluding that it constitutes sexual harassment or harassment based on any protected characteristic; and (b) how it is affecting you and your work; (2) the name and position in the University community held by the person or persons who committed the alleged act(s); (3) the date(s) and time(s) on which the alleged act(s) occurred and a statement as to whether the harassment is continuing or not continuing; and (4) a statement indicating the remedy you are seeking. (You may attach additional pages if necessary.) Please also attach copies of documents or other materials that may be relevant to your complaint. You will not be retaliated against for filing a complaint. If you are more comfortable reporting verbally or in another manner, you may contact Human Resources at 516-463-6859, 205 Hofstra University, or Public Safety at 516-463-6606, Hofstra Information Center, who will assist you in completing this form.

Witnesses:				
Please list any and all individ may have other relevant inform		o were in a position to witness any	of the a	lleged act(s) or
Name		Address		Telephone
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Other Proceedings:	
Have you initiated a court action or filed a charge i local, state and/or federal agency?	related to the facts of this complaint with any
Yes	No
If yes, please attach a copy of your charge or compl	aint to this document.
My signature certifies that all information provided is true and correct.	d on this form and supporting documentation
Complainant's Signature	Date
Receipt of Complaint Form Acknowledged by:	
	Date
My signature acknowledges receipt of the Hofstra Rights and Opportunities Officer.	University Harassment Policy from the Equal

Date

Hu Doc 12653 Rev 10/2018

Complainant's Signature