**Appendix A**

**DISCRIMINATION AND SEXUAL HARASSMENT COMPLAINT FORM**

If you believe the Diocese’s policy against discrimination and sexual harassment has been violated, you are encouraged to complete this form and submit it to DRVC Human Resources, P.O. Box 9023, Rockville Centre, NY 11571-9023 or via e-mail to privacy@drvc.org. Once you submit this complaint form, the Diocese will follow the investigation process described in its policy.

If you are more comfortable reporting complaints verbally or in manner other than this form, please contact the Cabinet Secretary to whom you report, your manager, the Chief Human Resources Officer or any member of management with whom you feel comfortable so we may begin investigating your complaint.

**GENERAL INFORMATION**

Your Name / Job Title:

Your Department / Supervisor:

Preferred Communication Method (if via e-mail or phone, please provide contact info):

**COMPLAINT**

1. **Please tell us who you believe has violated our policy against discrimination and sexual harassment.**

1. **Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct violated our discrimination and sexual harassment policy. Please use additional sheets of paper if necessary and attach any relevant documents or evidence to this form.**

1. **Please provide specific date(s) the alleged misconduct occurred. Additionally, please advise if the alleged misconduct is continuing?**

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

1. **Have you previously complained or provided information (verbal or written) about a violation of the Diocese’s discrimination and sexual harassment policy to the Diocese? If yes, when and to whom did you complain or provide information?**

I have reviewed the Diocese’s policy against discrimination and sexual harassment and request that the Diocese investigate this complaint in a timely and confidential manner and advise me of the results of the investigation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_