



# DEPARTMENT OF HUMAN RESOURCES CITY OF NEW HAVEN

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## Workplace Violence & Sexual Harassment Employee Complaint Form

Instructions: This form is for the purpose of reporting workplace violence and sexual harassment complaints to the Human Resource Department for investigation, pursuant to the City of New Haven Workplace Violence and Sexual Harassment Policies. Before completing this form please read all instructions, including the Confidentiality Statement on page 3. Complaints that involve the alleged breach of a collective bargaining agreement should be addressed through the relevant collective bargaining agreement's dispute resolution procedure. Other complaints should be addressed with the employee's supervisor, with union involvement as appropriate for bargaining unit employees. Please type or print all responses.

### INDIVIDUAL FILING COMPLAINT:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number, home: \_\_\_\_\_ Phone number, work: \_\_\_\_\_

Current job title: \_\_\_\_\_

Department: \_\_\_\_\_

Work location: \_\_\_\_\_

How long have you worked for the City of New Haven? \_\_\_\_\_

Have you filed an official complaint with any other agency or commenced a private legal investigation?

Yes  No

If YES, with whom was the action commenced? \_\_\_\_\_

At what stage is this action? \_\_\_\_\_

Have you attempted to resolve this matter by discussing it with someone else (management, union, EAP) ?

Yes  No

If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

### COMPLAINT FILED AGAINST:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Work location: \_\_\_\_\_



What explanation, if any, did the person that this complaint is against offer for his/her actions?

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Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

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How do you believe this matter can best be resolved? \_\_\_\_\_

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**CONFIDENTIALITY STATEMENT**

*The staff of the Department of Human Resources strives to maintain the confidentiality of the information obtained during the course of an investigation and in most cases, it will only be divulged on a need-to-know basis. However, some of the records obtained or created during the investigation may be subject to disclosure under the State statute.*

**AFFIRMATION & SIGNATURE:**

*I affirm that I have read the preceding information and charge (s) and attest that it is true to the best of my knowledge, information and belief.*

*I have read and understand the confidentiality statement. I hereby give the Department of Human Resources permission to thoroughly investigate my complaint. I understand the information gathered will be kept confidential to the extent possible.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted