



ARCHDIOCESE OF NEW YORK

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The Archdiocese of New York (“ADNY”) is committed to a discrimination, harassment, sexual harassment, and retaliation-free workplace. To help ADNY investigate, correct, and prevent unlawful and improper workplace conduct, we have adopted a comprehensive Anti-Discrimination, Harassment and Retaliation Policy that includes this complaint form for employees to report alleged instances of conduct that violates that Policy.

If you believe that you have been subjected to discrimination, harassment, sexual harassment or retaliation in violation of our Policy, you are encouraged to complete this form and submit it to the Executive Director of Human Resources, Ella O’Sullivan, at ella.osullivan@archny.org. Once you submit this form, ADNY will follow its policy to conduct a prompt, thorough and objective investigation of the claims.

COMPLAINANT INFORMATION

Name:	
Home Address:	Work Address:
Home Phone:	Work Phone:
Job Title:	Email:
Preferred Communication Method:	

SUPERVISORY INFORMATION

Immediate Supervisor’s Name:	
Work Address:	Work Phone:
Job Title:	Email:

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COMPLAINANT INFORMATION

1. Your complaint of discrimination, harassment or retaliation is made against:

Name:	
Work Address:	Work Phone:
Job Title:	Email:
Relationship to you: Supervisor -- Subordinate -- Co-Worker --Other	

2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is prohibited discrimination/harassment/retaliation. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) discrimination/harassment/retaliation occurred:

- Is the discrimination, harassment or retaliation continuing? Yes – No

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

I request that ADNY investigate this complaint in a timely and confidential manner as outlined in its Workplace Anti-Discrimination, Harassment and Retaliation Policy, and advise me of the results of the investigation.

Signature: _____ Date: _____

Print Name: _____

Received By: _____ Date: _____

Print Name: _____