SEXUAL HARASSMENT COMPLAINT FORM

New York State Labor Law requires all employers to adopt a sexual harassment prevention policy that includes a complaint form to report alleged incidents of sexual harassment.

If you believe that you have been subjected to sexual harassment, you are encouraged to use Central Casting’s dedicated web portal (at this link: [www.centralcasting.ethicspoint.com](http://www.centralcasting.ethicspoint.com/)) to submit a complaint to Central Casting’s Talent Relations Department for investigation. The preferred method of submitting a complaint is to use the web portal. If you are unable to use the web portal, you can complete the form below and submit it via email to Central Casting Talent Relations at: CentralCastingTalentRelations@CentralCasting.com. If you are more comfortable reporting verbally, you can submit a complaint by phone at (833) 220-9680. You will not be retaliated against for filing a complaint.

A Microsoft Word version of this complaint form is available on the Central Casting New York website ([www.centralcasting.com/ny/](http://www.centralcasting.com/ny/)) under the “Forms and Policies” link, and physical copies are available at the Central Casting New York office.

**For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace.**

**COMPLAINANT INFORMATION**

Name:

Work Address:       Work Phone:

Job Title:       Email:

**SUPERVISORY INFORMATION (note: if the conduct occurred on set, then this should be the production person who supervised you on set.)**

Immediate Supervisor’s Name:

Title:

Work Phone:       Work Address:

**COMPLAINT INFORMATION**

1. Your complaint of sexual harassment is made about:

Name:       Title:

Work Address:       Work Phone:

Relationship to you: [ ]  Supervisor [ ]  Subordinate [ ]  Co-Worker [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

1. Date(s) incident occurred:

Is the harassment continuing? [ ] Yes [ ] No

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

*The last question is optional, but may help the investigation.*

1. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

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