



Albert Einstein College of Medicine

Sexual Harassment Reporting Complaint Form

This form applies to employees of Albert Einstein College of Medicine. If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it via email or hand-delivery to:

Yvonne Ramirez
Title IX Coordinator
Vice President, Human Resources & Diversity Officer
Belfer Building, Room 1209
Yvonne.ramirez@einsteinmed.org
(718) 430-2541

You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, please contact [Employee Relations](#) (office located in the Belfer Building, Room 1206) who will assist you with your complaint. While the process may vary from case to case, all allegations will be investigated promptly and resolved as quickly as possible. The investigation will be kept confidential to the extent possible.

For additional information and resources, please review Einstein's [Non-Discrimination and Gender-Based Misconduct Policy and Complaint Procedures for Employees and Non-Students](#).

Complainant Information

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In person

Supervisory Information

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

2. 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.

3. Date(s) sexual harassment occurred: _____

Is the sexual harassment continuing? ___ Yes ___ No

4. 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.

5. 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?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____ Date: _____