



*Complaint Form<sup>1</sup> to Report Sexual Misconduct*

If you believe that you have been subjected to sexual harassment or gender discrimination, you are encouraged to complete this form and submit it to the Title IX Coordinator, Dr. Frank LaGrotteria, [f.lagrotteria@hji.edu](mailto:f.lagrotteria@hji.edu), or the Deputy Title IX Coordinator, Ms. Lynn Walsh, [l.walsh@hji.edu](mailto:l.walsh@hji.edu). No individual will be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Title IX Coordinator should complete this form, provide you with a copy, and follow HJI's Sexual Misconduct Policy by investigating the claims as outlined at the end of this form.

**For additional resources, visit: [ny.gov/programs/combating-sexual-harassment-workplace](https://ny.gov/programs/combating-sexual-harassment-workplace)**

**COMPLAINANT INFORMATION**

Name:

Address:

Phone:

Job Title (if applicable):

Email:

Status (e.g., Student, Faculty, Staff, Alumnus/a, Visitor):

Select Preferred Communication Method:    Email    Phone    In person

**SUPERVISORY INFORMATION (if applicable)**

Immediate Supervisor's Name:

Job Title:

Phone:

Address:

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<sup>1</sup> This form has been adopted with adaptations from the New York State model Complaint Form for Reporting Sexual Harassment.

## COMPLAINT INFORMATION

1. Your complaint of sexual harassment is made about:

Respondent's Name:

Title:

Address:

Phone:

Is the Respondent an HJI:  Student  Staff  Faculty  Alum  
 Visitor  Other (please specify)

2. Please describe what happened and include as many details as possible. You may use additional sheets of paper if necessary. If you have any relevant documents or evidence that may be used in the investigation of this matter, please preserve and include them (e.g., text, Instagram, WhatsApp, Facebook, TikTok, X, and Snapchat messages; photos; phone history; other documents; etc.).

3. Date(s) sexual harassment/misconduct occurred:

Is the sexual harassment continuing?  Yes  No

4. If possible, 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 provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

This is not required, but if you have retained legal counsel and would like us to work with them, please provide their contact information.

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

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