

If you are in an emergency situation, please contact the [Ithaca College Office of Public Safety](#) immediately at (607) 274-3333.

This Workplace Sexual Harassment Complaint form is not an immediate response service and it may take up to xxx hours to receive a response.

Ithaca College is committed to maintaining a campus environment that promotes dignity and respect for all individuals within the parameters that provide for freedom of thought, expression, and the flourishing of ideas. Sexual harassment undermines these ideals as well as the College's overall mission as an educational institution. As a result, Ithaca College encourages reports to the Title IX Office and the Office of Human Resources so that we can address the report.

If you believe that you have been subjected to workplace sexual harassment, you are encouraged to complete this form and submit it to Linda Koenig, Title IX Coordinator, at lkoenig@ithaca.edu or by bringing you form to the Title IX Office located in Peggy Ryan Williams 074. If you have experienced any form of sexual misconduct, including sexual harassment, you may contact the Title IX office directly. You are protected from being retaliated against as a result of filing a complaint. You can visit our policy regarding retaliation by going to https://www.ithaca.edu/policies/vol2/2_1/ (2.1.6).

If you are more comfortable reporting verbally, you may also request a meeting with Linda Koenig, Title IX Coordinator who can fill out the form below for you.

All reports of Sexual Harassment will be taken seriously. You can expect to learn options for formal and information approaches which both will likely involve an investigation into the allegation.

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

To access the complaint form, [click here](#).

ITHACA COLLEGE WORKPLACE SEXUAL HARASSMENT COMPLAINT FORM

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YOUR CONTACT INFORMATION

Name:

Department/School:

Contact Phone:

Email:

Your complaint of Sexual Harassment is made about the following individual(s):

Name(s):

Title, Department/School:

Relationship to you: Supervisor Instructor Subordinate Co-Worker

Other _____

Description of incident(s):

Signature: _____ Date: _____

Your signature here affirms the informatoin above is accurate to the best of your knowledge. Please sign by one of the following methods:

(1) Sign a print-out of your completed form;

or

(2) Type your name and email the form to lkoenig@ithaca.edu from your @ithaca.edu email account.