



## **Harassment Complaint Procedure**

The Catholic Charities is committed to providing a work environment that is free of unlawful harassment. In furtherance of this commitment, Catholic Charities strictly prohibits all forms of unlawful harassment.

If an employee feels that he or she is being harassed in violation of the company's Discrimination and Harassment Prevention policy by another employee, supervisor, manager or third party doing business with Catholic Charities, the employee should immediately contact any supervisor (via email, telephone or in-person) or directly to the Human Resources Director Hope Eder at 973-557-9217.

Employees' notification to Catholic Charities is essential in preventing workplace harassment. Employees may be assured that they will not be penalized in any way for reporting a harassment or discrimination problem. It is unlawful for an employer to retaliate against employees who oppose the practices prohibited by Federal and State law. Similarly, the company prohibits employees from hindering its internal investigations or its internal complaint procedure.

In order to allow our agency to prevent and correct harassing and discriminatory conduct, it is essential that employees use the reporting procedure and that the agency receive information about every instance of such conduct in a timely manner. Accordingly, every employee should understand that under no circumstances should an employee believe that he or she cannot or should not report any discrimination, harassment, workplace bullying or retaliation. Do not allow an inappropriate or unlawful situation to continue by not reporting it, regardless of who is creating that situation. No person in our company, not even the CEO, is exempt from this policy.

To report incidents, employees may use the form below.

# Report of Harassment Form

(To be completed by employee/reporter)

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Job title: \_\_\_\_\_

Department: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Will you accept text messages?    YES    NO

Can confidential voicemail messages be left?    YES    NO

E-mail: \_\_\_\_\_

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Date(s) and time(s) of alleged incident: \_\_\_\_\_

Name of person you believe harassed you or another person:

\_\_\_\_\_

Department:

Relationship of the Accused to the Complainant (manager, co-worker, client, etc.):

Phone Number (if known): \_\_\_\_\_

E-mail (if known): \_\_\_\_\_

If the alleged incident was directed at a person other than you, please identify the other person and department (if known):

\_\_\_\_\_

Please describe as clearly as possible what happened, including what was said and what, if any, physical contact occurred. Please attach additional pages, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how you or the person at whom the incident was directed responded or reacted to the incident, including what was said.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did you take any action to stop perceived inappropriate behavior? No Yes, please describe**

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**Describe the harm you have suffered as a result of the event.**

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**Where did the incident occur? At approximately what time?**

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**Were there any witnesses? If so, please list their names.**

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**Is there any physical evidence that supports your complaint? If so, please describe or attach copy of evidence.**

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**Have you consulted anyone about this incident? Who? When?**

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**If so, what response did you receive from the individual(s) when you disclosed this incident?:**

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**Is there anyone else who may have relevant information?**

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Please provide any other information that you believe will assist Catholic Charities in investigating this incident.

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What is your desired outcome of the investigation?

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**Please review and keep the enclosed copy of our Anti-Harassment Policy**

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Catholic Charities – Straight and Narrow deems relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Return this form to:** Hope Eder, HR Director  
973-557-9217  
[hope@ccpaterson.org](mailto:hope@ccpaterson.org)

Reina Rivas, Assistant HR Director  
973-557-9227  
[reina@ccpaterson.org](mailto:reina@ccpaterson.org)

775 Valley Road, Room 209 Clifton, NJ 070132  
Attn: Human Resources Director  
Confidential Fax: 973-333-6031

**What Should You Expect After Your Form Is Submitted?**

Depending on how and when you provided this information, you should expect a response within 24-72 hours. If you do not hear from HR within this timeframe, please contact us immediately by phone or email.