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**American Guild of Organists**

The American Guild of Organists has prepared this form to assist any individual who has witnessed or has first-hand knowledge of an incident that violates AGO’s Policy Against Harassment perpetrateds by a Guild Member at a Guild-sponsored event in reporting the alleged incidents of sexual harassment.

If you have witnessed or have first-hand knowledge of an incident that may constitute sexual harassment, discrimination or retaliation by a Guild Member at a Guild-sponsored event, you are encouraged to complete this form and submit it to the AGO Executive Director or the Chair of the Sexual Harassment Review Board. If it involves the Executive Director, it should be reported to the AGO President. The form can be submitted in person or by mail to:

AGO National Headquarters

475 Riverside Drive, Suite 1260

New York, NY 10115

by e-mail (pdf) to AGO Executive Director: james.thomashower@agohq.org or by FAX, 212-870-2163.

OR

by e-mail (pdf) to the Director of the Sexual Harassment Review Board (SHRB): eileenago@gmail.com

You will not be retaliated against for filing a complaint.

You are not required to use this form to file a complaint. AGO will accept complaints verbally or in any written form. Complainants are strongly encouraged to provide AGO with as much information as is possible to facilitate a prompt and thorough investigation. Anonymous complaints that lack sufficient detail may not be investigated.

**COMPLAINANT INFORMATION**

Name:

Work Address:       Work Phone:

Job Title:       Email:

Select Preferred Communication Method: [ ] Email [ ] Phone [ ] In person

**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 identify any witnesses to the incident(s). Please be as descriptive as is possible by including date, time, location, witnesses, and/or any other information that is relevant to the incident(s). Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

1. Date(s) incident occurred:

Has the incident recurred? [ ] 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?

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

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