The Stella Adler Studio of Acting dba the Art of Acting Studio

Complaint Form

If you believe that you have been subjected to sexual harassment or other conduct violating The Stella Adler's Studio of Acting dba the Art of Acting Studio Policy against Discrimination and Discriminatory Harassment (the "Policy"), you are encouraged to complete this form and submit it to Johnny Yoder. You will not be retaliated against for submitting a complaint.

If you are more comfortable reporting verbally, you may speak to Johnny Yoder.

Your Name:

Work Address: Work Phone:

Job Title: Email:

Select Preferred Communication Method: ☐Email ☐Phone ☐In person

Your Immediate Supervisor's Name:

Title:

Work Phone: Email:

COMPLAINT INFORMATION

1. Who do you believe engaged in conduct violating the Policy?

    Name: Title:

    Work Address: Work Phone:

    Relationship to you: ☐Supervisor ☐Subordinate ☐Co-Worker ☐Other _____

(If applicable, please provide the same information for any other individuals you believe engaged in conduct violating the Policy on an additional sheet of paper.)

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) the conduct violating the Policy (for example, sexual harassment) occurred:

    Is the conduct or 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 there is any other information you think would be helpful, or any other individual you suggest we communicate with regarding your complaint, please provide that information (including any contact information) below or on an additional sheet of paper.

Signature: _____   Date: _____