



Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit

P.O. Box 20067, Cranston, RI 02920

Fax: 401-462-8318



Voluntary Quit – SEXUAL HARASSMENT

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire: _____

Claimant Statement

1. What was your last physical date of work (mm/dd/yyyy)? _____

2. What was your date of separation (if different from your last day of work - mm/dd/yyyy)? _____

3. Did you provide notice to your employer that you were leaving? YES NO

a. If no, why didn't you provide a notice?

b. If yes, whom did you notify? Name: _____

Title: _____

c. When did you provide the notice (mm/dd/yyyy)? _____

d. How much notice did you give your employer? _____

e. Did your employer allow you to work out your notice? YES NO

If no, what reason was given for not allowing you to work out your notice?

If you were not allowed to work out your notice, did your employer pay you for the remainder of your notice? YES NO

If yes, please indicate the amount of money paid to you for the remainder of your notice. \$ _____

4. You indicated when you filed your claim that you left due to sexual harassment.

a. Who was harassing you? Name: _____

Title: _____

b. What **specific** situation was occurring with the individual(s) at the time you left?

5. Did you inform your employer that the reason stated in Answer #4 was the reason for leaving? YES NO

If no, what reason did you give your employer for leaving?

6. Was this a repeated occurrence? YES NO

a. If yes, please provide details of prior issues and when they occurred.

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7. Did you address the issue(s) with your employer prior to leaving the job? YES NO

a. If no, why not?

b. If yes, what was your employer's response to the issue(s) you addressed?

i. Did this resolve the issue(s)? YES NO

- If no, why didn't this resolve the issue(s)?

- If yes, the issue(s) was resolved, why did you still leave?

8. Did you file a police report? YES NO

9. Did you file a report with the Labor Board? YES NO

10. Did you file a complaint with the Human Rights Commission? YES NO

11. Please provide any additional steps that you took to resolve the situation and provide any further information that you feel is necessary.

If you filed an official written complaint with your employer, the police, the Labor Board, the Human Rights Commission or any other agency, please fax a copy of the complaint to our department at 401-462-8318 marked "CONFIDENTIAL". Please put your name and last four digits of your Social Security number on the correspondence.

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. YES NO

Signature: _____