



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 the claimant's eligibility for Unemployment Insurance.

Claimant Name: _____ Last 4 Digits of Claimant's Social Security #: _____

Employer Representative Name: _____ Telephone: _____

Employer Representative Title: _____ Date completed Questionnaire: _____

Are you authorized to provide a statement on behalf of the company? YES NO

Employer Statement

1. Claimant's last physical day of work (mm/dd/yyyy): _____

2. Date of separation (if different from last day - mm/dd/yyyy): _____

3. Did the claimant provide a notice of resignation to you? YES NO

a. If yes, who did the claimant notify? Name: _____

Title: _____

b. When was the notice given (mm/dd/yyyy)? _____

c. Did you allow the claimant to work out the notice? YES NO

i. If no, why not?

ii. If no, did you pay the claimant for the remainder of the notice? YES NO

If yes, please indicate the amount paid: \$ _____

4. The claimant indicated that he/she left due to sexual harassment. Was this the reason the claimant provided to you as the reason for leaving the job? YES NO

a. If no, why did the claimant leave the job? Please be specific.

b. If yes,

i. Did the claimant address the issue(s) with you prior to leaving? YES NO

1. If yes, who did the claimant state was harassing him/her?

Name: _____

Title: _____

2. Please provide specific details as to the issue(s) discussed:

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3. Was this situation occurring? YES NO
a. If yes, were you able to resolve the issue(s)? YES NO
i. If no, why couldn't you resolve the issue(s)?

ii. If yes, you resolved the issue(s), why did the claimant still leave?

b. If yes, what action was taken against the individual(s) involved in the harassment?

5. Please provide any additional information you feel is necessary:

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

Signature: _____