



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 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.

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?

Did this resolve the issue? YES NO

If no, why didn't this resolve the issue?

If yes, the issue 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

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.

11. Please provide any additional steps that you took to resolve the situation and provide any further information that 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: _____

English

Important! This document contains **important information** about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. **Call (401) 415-6772** for assistance in the translation and understanding of the information in this document.

American Sign Language

Important! Please visit here for ASL version of this document: https://www.youtube.com/channel/UCQuwufqdfDDY3cLU3nyH_w/videos

Spanish / Español

¡Importante! Este documento contiene **información importante** sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. **Llame al (401) 415-6772** para pedir asistencia en traducir y entender la información en este documento.

Chinese - Traditional / 繁體中文

重要須知! 本文件包含 **重要資訊**, 事關您的權利、責任, 和/或福利。請您務必理解本文件所含資訊, 而我們也將使用您偏好的語言, 無償為您提供資訊。請致電 **(401) 415-6772** 洽詢翻譯及理解本文件資訊方面的協助。

Vietnamese / Việt

Lưu ý quan trọng! Tài liệu này chứa **thông tin quan trọng** về quyền hạn, trách nhiệm và/ hoặc quyền lợi của quý vị. Việc hiểu rõ thông tin trong tài liệu này là rất quan trọng, và chúng tôi sẽ cung cấp miễn phí cho quý vị thông tin này bằng ngôn ngữ mà quý vị ưa dùng. **Hãy gọi (401) 415-6772** để được hỗ trợ về việc thông dịch và hiểu thông tin trong tài liệu này.

Tagalog / Tagalog

Mahalaga! Naglalaman ang dokumentong ito ng **mahalagang impormasyon** tungkol sa iyong mga karapatan, responsibilidad at/o benepisyo. Napakahalaga na nauunawaan mo ang impormasyong nakapaloob sa dokumentong ito, at ibibigay namin nang libre ang impormasyon sa pinili mong wika. **Tumawag sa (401) 415-6772** upang humingi ng tulong sa pagsasaling-wika at pag-unawa sa impormasyong nasa dokumentong ito.

Arabic / العربية

مهم! يحتوي هذا المستند على معلومات مهمة حول حقوقك ومسؤولياتك وأوفوائلك. من الأهمية بمكان فهم المعلومات الواردة في هذا المستند، وسنوفر المعلومات بلغتك المفضلة دون تحميلك أي تكلفة. اتصل على الرقم للحصول على مساعدة في ترجمة المعلومات الواردة في (401) 415-6772 هذا المستند وفهمها.

French / Français

Important ! Ce document contient **des informations importantes** sur vos droits, vos responsabilités et/ou vos allocations. Il est essentiel que vous compreniez les informations contenues dans ce document, et nous vous fournirons gratuitement ces informations dans la langue de votre choix. **Appelez le (401) 415-6772** pour obtenir de l'aide pour traduire et comprendre les informations contenues dans ce document.

Haitian Creole / Kreyòl Ayisyen

Enpòtan! Dokiman sa a gen **enfòmasyon enpòtan** ladan konsènan dwa, responsablite ak/oswa avantaj ou yo. Li ap vrèman enpòtan pou ou konprann enfòmasyon yo ki nan dokiman sa a, epi n ap ba ou enfòmasyon sa yo nan lang ou prefere a gratis. **Rele (401) 415-6772** pou jwenn asistans pou tradui ak pou konprann enfòmasyon ki nan dokiman sa a.

Portuguese / Português

Importante! Este documento contém **informações importantes** sobre os seus direitos, responsabilidades e/ou benefícios. É essencial que compreenda as informações constantes neste documento, as quais disponibilizaremos, gratuitamente, na língua à sua escolha. **Contacte o número (401) 415-6772** para solicitar ajuda para traduzir e compreender as informações contidas neste documento.

Russian / русский

Важно! В настоящем документе содержится **важная информация** о ваших правах, обязанностях и/или преимуществах. Крайне важно, чтобы вы поняли информацию, содержащуюся в данном документе, а мы бесплатно предоставим вам эту информацию на выбранном вами языке. **Позвоните по телефону (401) 415-6772** для получения помощи в переводе и понимании информации, содержащейся в данном документе.

Korean / 한국어

중요! 본 문서는 귀하의 권리, 책임 및/또는 이익에 관한 **중요한 정보**를 포함하고 있습니다. 귀하가 본 문서에 있는 정보를 이해하는 것은 대단히 중요하며, 귀하가 원하는 언어로 정보를 제공받으실 수 있습니다. **(401) 415-6772 로 전화**하여 본 문서에 있는 정보의 번역 및 이해를 위해 도움받으시길 바랍니다.