



**UNION SQUARE
HOSPITALITY GROUP**

Employee Complaint Form

Union Square Hospitality Group, LLC (“USHG” or the “Company”) takes employee complaints of discrimination, sexual harassment, retaliation, and unethical or unfair conduct very seriously. As a result, USHG is providing you with this ***Employee Complaint Form*** to provide employees with the opportunity to make the Company aware of any such alleged conduct and to allow us the ability to promptly, thoroughly and confidentially investigate your concerns.

If you believe that you have been subjected to discrimination, sexual harassment, retaliation, and/or unethical or unfair conduct, we encourage you to fill out this form as completely as possible and use additional sheets of paper where needed. Upon completion, please submit the Employee Complaint Form to any one of the following resources: (1) HR@ushgnyc.com (the People and Culture and Legal Teams); (2) Angie Buonpane, Director of Human Resources (abunpane@ushgnyc.com); (3) Dorina Yuen, Senior Human Resources Manager (dyuen@ushgnyc.com; or (4) Jennifer DiMarco, Senior Associate General Counsel, Employment (jdimarco@ushgnyc.com).

After a prompt and thorough investigation into your complaint, you will be notified of the Company’s intended actions. Should you have any questions about the process, please include them at the end of this form and we will promptly answer you.

Employee Information			
Employee Name:		Employee’s Position/Title:	
Business Location:		Home Address:	
Phone Number:		Email:	
Supervisor Information			
Immediate Supervisor Name:		Immediate Supervisor Title:	
Business Location:		Email:	
Phone Number:			



1. Please specify who you are making this complaint against:

Name:		Work Phone number:		
Business Location:		Email:		
Relationship to you:	Supervisor	Subordinate	Co-worker	Other

2. Please describe the conduct or incident(s) that is the basis of this complaint (e.g., discrimination or harassment based on age, race, religion, creed, color, ethnicity, national origin, ancestry, alienage and citizenship status, sex, gender identity or expression, actual or perceived sexual orientation, military status, marital or partnership status, familial status, caregiver status, predisposing genetic characteristics, status as a victim of domestic violence, stalking or sex offense, status as a veteran or active military service member and/or physical or mental disability).

If you believe that you have been subjected to sexual harassment, please include your reasons for believing the alleged conduct constitutes sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) conduct or incident occurred:

4. Where did the conduct or incident occur?

5. Is the conduct continuing? Yes ___ No ___

6. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

7. Who are the individuals involved in this conduct or incident? If known, what is their title?



8. Did you discuss the conduct or incident with a supervisor or a manager(s)? If so, please list when, their names, and if known, their business location and title.

9. Has the incident been reported to anyone outside the organization? If so, to whom and when?

10. If asked, would you be willing to assist further in our investigation?

11. Please list any questions that you may have:

The following questions are optional, but may help facilitate the Company's investigation.

12. Have you previously complained or provided information (verbal or written) about a complaint of discrimination, sexual harassment retaliation, and/or unethical or unfair conduct at USHG?

Yes ____ No ____

13. If yes, when and to whom did you complain or provide information?

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

By signing and submitting this form, I am requesting that USHG investigate this complaint in a timely and confidential manner in accordance with the Company's policy and procedure for investigating such complaints. I am also requesting that USHG advise me of the results of its investigation.

Employee Signature: _____

Date: _____