Appendix

ANTI-HARASSMENT POLICY COMPLAINT FORM

The Andrew W. Mellon Foundation (the "Foundation") is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in an environment that is free of discriminatory practices and behavior, including harassment.

If you are aware of, have observed, or believe that you have been subjected to sexual harassment or discriminatory behavior or practices, you are encouraged to report this to the Acting General Counsel and Secretary and/or the Chief Human Resources Officer, as described in the Equal Opportunity and Anti-Harassment Policy. If you do not wish to use the form, you may report the matter verbally or in writing directly, or by utilizing the Foundation's anonymous reporting tool, EthicsPoint (www.mellon.ethicspoint.com or 1-844-446-5361). The Foundation prohibits retaliation against any individual who in good faith reports discrimination or harassment or participates in any investigation of such reports.

COMPLAINANT INFORMATION

| Name: | | | | |
|--|--------------------------|--|--|--|
| Work Address: | Work Phone: | | | |
| Job Title: | Email: | | | |
| Select Preferred Communication Method: | ☐Email ☐Phone ☐In person | | | |
| SUPERVISORY INFORMATION | | | | |
| Immediate Supervisor's Name: | | | | |
| Title: | | | | |
| Work Phone: | Work Address: | | | |
| Please indicate/describe if you have discussed this matter with your supervisor or if you believe that the | | | | |

Please indicate/describe if you have discussed this matter with your supervisor or if you believe that the supervisor is are aware of this issue.

COMPLAINT INFORMATION

| 1. | Your complaint of Sexual (or other) Harassment is made about: | | |
|-----|---|--|--|
| | Name: | Title: | |
| | Work Address: | Work Phone: | |
| | Relationship to you: Supervisor Subordin | nate Co-Worker Other | |
| 2. | Please describe what happened and how it is aff sheets of paper if necessary and attach any relev | | |
| 3. | Date(s) sexual (or other) harassment occurred: | | |
| | Is the harassment continuing? Yes No | | |
| 4. | Please list the name and contact information of information related to your complaint: | any witnesses or individuals who may have | |
| Th | e last question is optional, but may help the inves | stigation. | |
| 5. | Have you previously complained or provided in If yes, when and to whom did you complain or | iformation (verbal or written) about related incidents' provide information? | |
| co | described fully in the Equal Opportunity and Ammplaint internally, there are federal, state and city thout retaining legal counsel. | | |
| Sig | gnature: | Date: | |