

## I. DISCRIMINATION/HARASSMENT COMPLAINT FORM

All information provided will be handled as CONFIDENTIAL to the extent possible. However, it may be necessary to contact the individuals named and /or to reveal some of the information contained in your complaint in order to insure a thorough and fair investigation of this matter.

Answer ALL questions! If the question is not applicable to your complaint indicate with "N/A".

### General Information

1. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Name and title of your Supervisor: \_\_\_\_\_

2. Name of Person(s) you are complaining about: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you worked with this person? \_\_\_\_\_

Does this person have any supervisory authority over you? \_\_\_\_\_

### Details of Your Complaint

1. Original (first) date of discrimination/harassment: \_\_\_\_\_

Most recent date of discrimination/harassment: \_\_\_\_\_

2. Please check the basis for your discrimination or harassment complaint: (check all that apply)

Sex/Sexual Harassment

National Origin

Physical/mental disability (either real or perceived)

Race and/or Color

Creed/religious beliefs

Age

Marital Status

Sexual orientation/identity

Retaliation

Other (explain) \_\_\_\_\_

CONFIDENTIAL

3. Please describe in detail the events providing the basis for your complaint. Be specific and include dates and persons involved. Attached additional sheets if necessary.

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4. Were there any witnesses? If so, please list each one's name, job, title, job location and what you believe each saw and/or heard.

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5. Have you witnessed anyone else being treated in the same manner? \_\_\_\_\_. If yes, give their names, job titles and details of what you saw and/or heard.

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6. Have any other employees told you that they had similar experiences with the individuals you are complaining about? \_\_\_\_\_. If yes, give names and job titles.

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7. a) What papers, records and/or documents do you possess regarding the events/issues relating to your complaint?

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*(Please attach copies with appropriate explanation that support your complaint.)*

- b) What papers, records and/or documents do you not possess but that you believe support your complaint? Please indicate who you believe would have these records.

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8. Have you filed a complaint concerning the same allegations with any union, outside agency, or court? \_\_\_\_\_. If yes, where have you filed the complaint? \_\_\_\_\_

What is the status of that complaint? \_\_\_\_\_

9. How do you think your complaint can be reasonably resolved?

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10. How do you believe you have been affected by the events giving rise to this complaint?

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PLEASE NOTE: *It is a violation of State and Federal law, as well as county regulations, to retaliate against an individual because they file a discrimination complaint. If you are subjected to any adverse action that you feel may be retaliatory, you should promptly report it to your Department Director or the Town's Equal Employment Opportunity Officer.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Please return completed form to:

Brooke Lupinacci, Esq.  
Equal Employment Opportunity Officer  
Town of Huntington  
Room 203  
100 Main Street, 2nd Floor  
Huntington, NY 11743