



COUNTY OF ERIE
DIVISION OF EQUAL EMPLOYMENT
OPPORTUNITY

INTERNAL COMPLAINT OF
HARASSMENT, DISCRIMINATION or RETALIATION

The County of Erie prohibits harassment or discrimination because of race, color, national origin, ancestry, religion, creed, physical or mental disability, marital status, age, request for reasonable accommodation under the Americans With Disabilities Act ("ADA"), use of leave under the Family and Medical Leave Act ("FMLA") and as prohibited by New York State and Federal Laws, rules and regulations. The County of Erie also prohibits retaliation, in any form, against an individual who has filed a harassment or discrimination complaint or participated in an investigation relating to a harassment or discrimination complaint. If you believe you have been harassed, discriminated against or retaliated against in violation of County of Erie policy, please complete this complaint form.

GENERAL INFORMATION

*(Complaint will not be processed without the following information)

NAME (PRINT) _____

DATE: _____ **TIME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE# _____ **WORK #** _____

DEPARTMENT: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE# _____

* Please return completed form in a sealed envelope marked "Confidential" to:
Equal Employment Opportunity Office
95 Franklin Street, Room 625
Buffalo, New York 14202
(716) 858 - 7542

Confidential
SPECIFIC INFORMATION ABOUT YOUR COMPLAINT

1. Who is harassing you? Discriminating and or retaliating against you? (Include name Name(s) and job title(s):

2. What happened to you to prompt this complaint? (Be as specific as possible in describing the harassment/discrimination/retaliation. Include names, dates and locations. Try to describe the “who, what, when, where, why and how” of the incident(s). Attach extra pages if necessary).

3. Did anyone witness the incident(s) described above? If so, state the name(s) of the individual(s) who witnessed each incident.

4. With whom have you discussed the incident(s):

5. Have you previously been subjected to harassment, discrimination or retaliation by the individual(s) identified in your response to question #1? If so, please describe each prior incident in detail. (Include names, dates and locations try to Describe the “who, what, when, where, why and how” of the incident(s). Attach Extra pages if necessary).

6. Do you have written documentation? (Cards, letters, journals or Calendars relevant to your complaint? If so, describe the document(s).

7. Are you aware of other employees, who experienced harassment, discrimination or retaliation by the person harassing discriminating or retaliating against you? If so, state the employee’s name and the details of his/her experiences, if known to you.

8. How do you suggest or prefer that your complaint be resolved?
