



EEO 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

Please do not leave any questions blank, if the question is not applicable to your complaint indicate with "N/A"

General Information

1. Name: _____ Job Title: _____

Department: _____ Location: _____

Are you a member of _____ CSEA _____ Local 342

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: _____

Most recent date of discrimination: _____



2. Please check the reason(s) you believe you have been treated differently than others: (check all that apply)

- Sex
- National Origin
- Physical/mental disability (either real or perceived)
- Race and/or Color
- Creed/religious beliefs
- Age
- Marital Status
- Use of a guide dog
- Sexual orientation
- Other (explain) _____
- Retaliation

3. Please describe in detail the problem you have been experiencing. Be specific and include dates and persons involved. Attached additional sheets if necessary.

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.

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.

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.



7. a) What papers, records and/or documents do you possess regarding your complaint?

(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 would have these records.

8. Have you filed a complaint 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?

10. How do you believe you have been affected by this complaint?



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 Head or the Town's Equal Employment Opportunity Officer.*

Date: _____ Signature: _____

Date: _____ Received by: _____

Please return completed form to:

Leah Jefferson
EEO Officer
100 Main Street (Room 309)
Huntington, New York 11743
Phone: (631) 351-2881
ljefferson@huntingtonny.gov