



## Complaint for Reporting Harassment and/or Discrimination

New York State Labor Law requires all employers to adopt a harassment and discrimination prevention policy that includes a complaint form to report alleged incidents of harassment and/or discrimination.

If you believe that you have been subjected to harassment and/or discrimination, you are encouraged to complete this form and submit it to the Personnel Director or Corporation Counsel's Office located in M-11 of the City Municipal Building. The form can be accessed on Lockportny.gov or the Civil Service Office (M-11). You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, your employer should complete this form, provide you with a copy and follow its harassment and/or discrimination prevention policy by investigating the claims as outlined at the end of this form.

### COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method: ☐ Email ☐ Phone ☐ In Person

**Protected Class Questions: please be specific for each category that pertains to you**

A. Date of Birth:

B. Arrest Record:

C. Conviction Record:

- D. Creed/Religion
- E. Disability:
- F. Domestic Violence Victim Status:
- G. Gender Identity or Expression:
- H. Race/Color or Ethnicity:

Check box if it pertains to you:

☐

Trait historically associated with race such as hair texture or hair style

- I. Family Status:
- J. Military Status: Active, reserve or veteran
- K. Marital Status: single, married, separated, divorced, widowed
- L. National Origin:
- M. Predisposing Genetic Characteristic:
- N. Pregnancy-Related Condition:
- O. Sexual Orientation:
- P. Sex:                      pregnant or sexual harassment (check the one that pertains to you)
- Q. Use of Guide Dog, Hearing Dog, or Service Do
- R. Retaliation:

Relationship to retaliation:

## SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Address:

Work Phone:

## COMPLAINT INFORMATION

1. Your complaint of Harassment and/or discrimination is made about:

Name:

Title:

Work Address:

Work Phone

Relationship to you: ☐ Supervisor ☐ Subordinate ☐ Co-Worker ☐ Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment and/or discrimination occurred:

Is the harassment and/or Discrimination continuing? ☐ Yes ☐ No

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

*The last question is optional, but may help the investigation.*

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information? NO

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

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

### Instructions for Employers

If you receive a complaint about alleged harassment and/or discrimination, follow your harassment and discrimination prevention policy.

An investigation involves:

- Speaking with the employee
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document the findings of the investigation and basis for your decision along with any corrective actions taken and notify the employee and the individual(s) against whom the complaint was made. This may be done via email.

