



OFFICE OF AFFIRMATIVE ACTION
620 STATE STREET, 2ND FLOOR
SCHENECTADY, NEW YORK 10601
TELEPHONE (518) 388-4233

DISCRIMINATION COMPLAINT FORM

Type of complaint:

[Please check all that apply to your complaint]

- EEO [Title VII of Civil Rights Act of 1964]
- AA [Exec Order/West. County Policy]
- ADA [The Americans with Disabilities Act]
- FMLA [Family and Medical Leave Act]
- ADEA [Age Discrimination in Employment Act of 1967]
- EPA [The Equal Pay Act]
- Other: _____

Basis of Discrimination: ___ Age ___ Color ___ Gender/Sex
___ Gender Identity ___ Disability ___ Military Status/Veteran
___ Nat'l. Origin ___ Pregnancy ___ Race ___ Religion
___ Retaliation* ___ Sexual Orientation

Other: _____

*Retaliation for participation in EEO protected activity (See Addendum).

Section I

Name: _____ Job Title: _____

Department: _____ Location/Unit: _____

Name of your Supervisor: _____

Home Address: _____

E-Mail Address: _____ Phone Number _____

Accessible Format Requirements? Large Print Audio Tape TDD Other _____

Are you currently an employee of the County of Schenectady? Yes No

If you are not an employee of the County of Schenectady, please specify if you are:

Former Employee (If you are a former employee, what was your termination date? Or resignation, retirement, or other separation date?)

Contractor/Vendor Job Applicant Other (Specify) _____

Section II

Date(s) of Alleged Discrimination _____ at _____
(Month/Day/Year) (Approx. Time)

Individual(s) who allegedly committed act of discrimination against you:

Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

ACTS OF DISCRIMINATION

What did the person(s) you are complaining against do? Please check all that apply.

- Refused to hire me
- Fired me / laid me off
- Did not call me back after a lay-off
- Demoted me
- Suspended me
- Sexually harassed me
- Harassed or intimidated me (other than sexual harassment)
- Denied me training
- Denied me a promotion or pay raise
- Denied me leave time or other benefits
- Paid me a lower salary than other workers in my same title
- Gave me different or worse job duties than other workers in my same title
- Denied me an accommodation for my disability
- Denied me an accommodation for my religious practices
- Gave me a disciplinary notice or negative performance evaluation
- Other: _____

Please tell us more about each act of discrimination that you experienced. Indicate the date(s), place, names of people involved, and the nature of the complaint of conduct allegedly committed by each identified individual: (Use additional sheets if necessary)

Are there any documents that contain information supporting the conduct described above?

Is there any physical evidence that supports your complaint? If yes, please describe:

Identify all employees or others who witnessed and./or have any knowledge of the complained of conduct:

What did this person witness? _____
Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

What did this person witness? _____
Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

What did this person witness? _____
Name _____ Job Title _____
Telephone Number _____ - _____ - _____ Relationship to me _____

Did you report the complaint to someone else?

- Supervisor
- Manager
- Department Head
- Union
- Police
- Human Resources Office

How did you complain about the discrimination? _____

Date you reported or complained about the discrimination? _____
(Month/Day/Year)

Was the complaint investigated? Yes No

Was any action taken? Yes No

Did you experience retaliation? Yes No

Have you missed any work time as the result of the complained of conduct? If yes, identify the occasions by date(s) and place:

Have you incurred any medical expense as the result of this complaint? If yes, please describe:

Section III

What is your requested remedy as to this complaint?

Have you filed a complaint based on the same occurrence or series of events: Yes: ____ No: ____

If yes, check one: U. S. EEOC ____ NYS Division of Human Rights ____ Union Grievance ____
Attorney ____ Court ____ Schenectady County Human Rights Commission ____

Are you interested in discussing conciliation possibilities at this time: Yes: ____ No: ____

If yes, please check one:

____ I will be calling you in this regard. ____ Please call me as soon as possible

If we must contact you during our fact-finding investigation, please check those that apply:

____ Contact me at home ____ Contact me at work ____ Contact me via e-mail
____ Mail all correspondence to home ____ Do not use interoffice mail ____ Use interoffice mail

IN ORDER TO CONDUCT A FACT-FINDING INVESTIGATION OF YOUR COMPLAINT, IT WILL BE NECESSARY TO INTERVIEW YOU, THE PERSON(S) ALLEGED TO HAVE COMMITTED THE COMPLAINT OF CONDUCT, AND ANY WITNESSES WITH KNOWLEDGE OF THE ALLEGATIONS OR DEFENSES. THE OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION WILL NOTIFY ALL PERSONS INVOLVED IN THE FACT-FINDING INVESTIGATION THAT IT IS CONFIDENTIAL AND THAT UNAUTHORIZED DISCLOSURE OF INFORMATION CONCERNING THE FACT-FINDING INVESTIGATION COULD RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE.

ACKNOWLEDGMENT OF COMPLAINANT

I AFFIRM THAT I HAVE READ THE ABOVE RELATED FACTS AND THAT THE STATEMENTS AND INFORMATION PROVIDED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AM WILLING TO COOPERATE FULLY IN THE FACT-FINDING INVESTIGATION OF ANY COMPLAINT AND TO PROVIDE WHATEVER EVIDENCE THE OFFICE OF AFFIRMATIVE ACTION DEEMS RELEVANT TO MY COMPLAINT.

By: _____

[Please print your name]

Date: _____

[Signature of Complainant]

DISCRIMINATION COMPLAINT TERMINOLOGY ADDENDUM

1. EEO (TITLE VII, CIVIL RIGHTS ACT OF 1964, As Amended)

Prohibits discrimination on the basis of color, race, religion, sex, or national origin. Sex includes pregnancy, childbirth or related medical conditions. It prohibits practices identified by statistically determined adverse impact as well as intentional unequal treatment. Decisions concerning hiring, placement, training, promotion, termination and layoff are covered.

2. WESTCHESTER COUNTY EEO/AA (WESTCHESTER COUNTY EXECUTIVE ORDER #2 OF 2009 entitled EQUAL EMPLOYMENT OPPORTUNITY POLICY; EXECUTIVE ORDER #3 of 2009 entitled ANTI-HARASSMENT AND DISCRIMINATION POLICY

3. ADA – AMERICANS WITH DISABILITIES ACT

This act is intended to provide a comprehensive national mandate for the elimination of discrimination against individuals with disabilities with clear, enforceable standards addressing discrimination. Specifically excluded from the ADA's protection are: homosexuality, bisexuality, transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders; compulsive gambling; kleptomania; pyromania; psychoactive substance use disorders resulting from current illegal use of drugs; or an individual currently engaging in the illegal use of drugs.

4. FMLA – FAMILY AND MEDICAL LEAVE ACT

Prohibits discrimination in employment practices on the basis of pregnancy, childbirth, and related medical conditions; and requires that medical coverage and leave policies for pregnancy be the same as for other medical coverage and disability policies. Additional rights are available to parents and others under the Family and Medical Leave Act (FMLA), which is enforced by the U.S. Department of Labor.

5. ADEA – AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 (As Amended)

Prohibits discrimination against persons over age 40 in any area of employment on the basis of age.

6. EPA – EQUAL PAY ACT OF 1963 (As Amended)

Requires that all employers subjected to the Fair Labor Standards Act provide equal pay for men and women performing work substantially similar in skill, effort, responsibility, and working conditions, unless wage differentials are due to bona fide systems of seniority, merit, output or some business factor other than sex.

7. REHABILITATION ACT OF 1973 (As Amended)

This act is designed to promote the employment of handicapped individuals. It bans discrimination on the basis of visible and non-visible handicaps substantially limiting one or more major life activities. Further, companies must actively pursue opportunities to employ qualified handicapped individuals and modify their facilities to accommodate them.

8. RETALIATION

Retaliation is unlawful discrimination against an individual. The three elements of a retaliation claim are (1) protected activity [opposition to a practice made unlawful by one of the employment discrimination statutes or participation in any manner of an investigation, proceeding, or hearing under the applicable statute]; (2) adverse action [some decision or maneuver that's reasonably likely to deter or punish an employee for engaging in a protected activity]; and (3) causal connection [the correlative relationship between an employee's protected activity and the adverse action levied upon him/her by an employer].