



# Department of Diversity, Equity & Inclusion

Monroe County, New York

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County Executive

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Director of Diversity, Equity & Inclusion

## Equal Employment Opportunity Unit Discrimination & Harassment Complaint Form

Today's date \_\_\_\_\_

Your name \_\_\_\_\_

Your home telephone number \_\_\_\_\_

Your home address \_\_\_\_\_

### 1. If you are a County employee:

Your Department \_\_\_\_\_

Your hire date with the County \_\_\_\_\_

Your current job title \_\_\_\_\_

Date you began work in this job title \_\_\_\_\_

Your work location \_\_\_\_\_

Your work telephone number \_\_\_\_\_

The name and phone number of your immediate supervisor \_\_\_\_\_

Have you requested assistance from your Union regarding your complaint ( ) yes ( ) no

### 2. If you are a County customer:

The name of the County service or program involved \_\_\_\_\_

The name of the County department responsible for this service \_\_\_\_\_

The name of the County employee who has been your contact \_\_\_\_\_

### 3. Please indicate the basis on which you feel you have been subject to discrimination or harassment:

( ) Race ( ) Color ( ) Religion ( ) Sex ( ) National Origin ( ) Age ( ) Disability

( ) Sexual Orientation ( ) Marital Status ( ) Creed ( ) Military Status

( ) Domestic Violence Victim Status ( ) Gender Identity ( ) Criminal History

( ) Genetic Predisposition or Carrier Status ( ) Retaliation ( ) Other \_\_\_\_\_

**4. Indicate the actions that were taken toward you that you believe have a discriminatory basis, and which you want to include in this complaint (check only those that apply):**

Discharged

- Fired
- Laid off
- Forced to quit/retire/take leave
- Resigned
  
- Other \_\_\_\_\_

Denied

- Employment
- Promotion
- Transfer
- Leave Time
- Accommodation

Treated Differently

- Harassed
- Paid less
- Demoted
- Hostile Environment
- Discipline

**5. Time frame of alleged discrimination: (As close as you can remember)**

The earliest date is: \_\_\_\_\_ The most recent date is: \_\_\_\_\_

**6. Identify by name, department and job title the individual(s) who you believe have engaged in discrimination and/or harassment against you (If known):**

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**7. Indicate the dates, place, and the nature of the conduct allegedly committed against you by each individual identified above:**

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**8. Identify all employees or others who witnessed and/or who have any knowledge of the conduct in question. Describe what was witnessed by whom and/or the nature of their knowledge:**

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**9. Provide quotations of statements that were said to you or about you that support your complaint. Please be as accurate as possible based on your memory, and provide dates and witnesses (if any) for each.**

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**10. Are there any documents that contain information supporting your complaint and the alleged conduct above?**

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**11. Is there any physical evidence supporting your complaint? If yes, please describe:**

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**12. Have you missed any work time as a result of this alleged conduct against you? If yes give dates and approximate time lost.**

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**13. Have you previously confronted or discussed any aspect of the conduct in your complaint with one or more of the individuals who are responsible for that conduct? ( ) Yes ( ) No. If yes please provide the details of these communications below.**

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**14. Have you previously complained about this and/or related acts to a County supervisor or other County official? ( ) Yes ( ) No If yes, please identify the person(s) to whom you complained, the date(s) and place, and please provide the individual's response:**

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**15. What is your requested remedy regarding this complaint?**

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**NOTE:** 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 conduct/actions in question, and any witnesses with knowledge of the allegations or defenses. The Equal Employment Opportunity Unit will notify all persons involved in the fact-finding investigation that this process is confidential to the extent possible and that unauthorized disclosure of information concerning the fact-finding investigation could result in disciplinary action up to and including discharge. Confidentiality is required in order to protect witnesses, prevent evidence from being destroyed and to prevent a cover up.

**Acknowledgement of Complainant**

I affirm under penalty of perjury that all the information provided herein is true and correct. False information could result in dismissal of my complaint and disciplinary action up to and including termination.

I am willing to cooperate fully in the fact-finding investigation of any complaint and to provide whatever evidence the Equal Employment Opportunity Unit deems relevant to my complaint.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Printed name of complainant

**Please mail or deliver this completed document to:**

Equal Employment Opportunity Unit  
City Place  
50 West Main Street, 7th Floor  
Rochester, NY 14614  
Email EEO@monroecounty.gov

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**For Staff Use only**

**Received by EEO Unit**

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

\_\_\_\_\_  
Name Printed

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