

CITY OF GLENS FALLS
COMPLAINT FORM

In order to assist The City of Glens Falls in investigating your allegations of harassment, discrimination or retaliation in a prompt and thorough fashion, please complete this form to the best of your abilities and with as much detail as you are able. Once completed, please submit this form to a Compliance Officer identified in Section 10 of the City's Policy Against Discrimination and Harassment. If additional space is needed in order to respond to any question below, please attach additional pages as necessary and identify which question corresponds to the information set forth in the additional pages. Any questions regarding this form may be directed to a City's Compliance Officer. No individual will be retaliated against for filing a complaint.

Name of Complainant: _____ Date Submitted: _____

Job Title: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(Please circle the number you'd prefer us to call)

Email: _____

Name of Victim (if different than Complainant): _____

Basis of this complaint (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Race/color | <input type="checkbox"/> Gender expression |
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Transgender status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic predisposition |
| <input type="checkbox"/> Sex/gender | <input type="checkbox"/> Military/veteran status |
| <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Religion/Religious creed |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Domestic violence victim status |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Other/Not Sure |

If checked "Other/Not Sure," please briefly explain:

Time(s) and date(s) the incident(s) took place:

Name(s) and office address of the individual who allegedly engaged in the harassment, discrimination or retaliation. If more than one, list all.

Name: _____

Location: _____

Describe the incident(s) which occurred with as much detail as you are able, including why you believe the incident(s) constitutes harassment, discrimination or retaliation (please attach any documentation or evidence you believe is relevant to the incident):

Describe briefly what you would consider to be appropriate resolution of the conduct described above: (Please note that The City of Glens Falls retains the sole discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

Identify all persons who witnessed the incident(s) described above:

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<hr/>	<hr/>
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Please identify any other persons you believe have knowledge important to the incident(s) in question, including his/her contact information and a brief description of the knowledge held by each person:

Have you filed a complaint or charge with a Federal, State, or Local Government agency related to the incident(s) identified above?

Yes _____

No _____

Has this incident or occurrence been previously reported to **[employer name]**?
[] Y [] N. If yes, when and to whom?

If the incident or occurrence has been previously reported, please describe the remedy, outcome or resolution:

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Received by:

Signature

Date

Print Name:

For Employer Use Only – To be Completed Upon Receipt

Recipient of Complaint (print): _____

Date, Time and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: _____

Notes: _____
