

**COUNTY OF ROCKLAND
ANTI-DISCRIMINATION AND
EQUAL EMPLOYMENT OPPORTUNITY EXECUTIVE ORDER 2019-02**

**FORM FOR COMPLAINT OF DISCRIMINATION, SEXUAL HARASSMENT, HARASSMENT,
AND/OR RETALIATION**

Name: _____

Home Address: _____

Please check your preferred method of communication:

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Job Title: _____ Name of Supervisor: _____

Your Department/Unit: _____ Supervisor's Job Title: _____

Are you a department head filing this complaint as a function of your duty to report allegations of EEO-related discrimination, sexual harassment, harassment or retaliation?

Yes ___ No ___

Are you currently an employee of the County of Rockland?

Yes ___ No ___

If you are not an employee of the County of Rockland, 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

___ Board/Commission or Committee Member

___ Other (Specify) _____

This complaint form is provided to you in the event you believe that you are the victim of, or have witnessed, Equal Employment Opportunity-related Discrimination, Harassment Sexual Harassment, and/or Retaliation. Please complete the form if it is applicable to your concern(s).

On the following pages, please indicate the **TYPE OF COMPLAINT** and answer the related questions. Then complete the **DESCRIPTION OF COMPLAINT** section. You may provide additional documentation upon submission of the complaint if necessary.

TYPE OF COMPLAINT

Discrimination

Sexual Harassment

Harassment

Retaliation*

** If you are the victim of retaliation, please see the retaliation page for additional questions.*

Are you filing this complaint because you have been the target of *Discrimination, Sexual Harassment and/or Harassment*?

Please choose the basis for your complaint:

- | | | |
|---|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Record of Conviction |
| <input type="checkbox"/> Alienage/Citizenship/National Origin | <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Veteran/Military Status | <input type="checkbox"/> Familial Status | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Race/Color | |
| <input type="checkbox"/> Nursing mother | <input type="checkbox"/> Victim of Domestic Violence | |

Are you filing this complaint because your department refused to provide a Reasonable Accommodation due to your?

Please all that apply to your complaint:

- Disability Pregnancy-Related Condition Status as a Nursing Mother
 Religious Observance Gender Dysphoria Status as a Victim of Domestic Violence
 Natural hair or hairstyles

Please list the person(s) whom you believe is/are engaging in Equal Employment Opportunity Discrimination/Harassment/Sexual Harassment:

Please describe what happened and how it is affecting you and your work. Please use additional space on the following page, or additional pages if necessary:

Date(s) when this alleged EEO-related discrimination/sexual harassment/ harassment took place:

Month Day Year Month Day Year
____ _ ____ ____ _ ____

Is this Equal Employment Opportunity-related discrimination/sexual harassment/ harassment ongoing?

Yes ___ No ___

DESCRIPTION OF COMPLAINT

Description of complaint (continued). Please attach additional page if necessary.
Please remember to include specific information (e.g. dates and locations)

Please identify all individuals who witnessed and/or who have personal knowledge of the alleged conduct. Please identify, if known, what each individual witnessed or what other knowledge they may have of the alleged conduct.

To your knowledge, are there any written statements or other documents that contain information supporting your complaint? **(If “yes,” please describe and attach documentation).**

Is there any physical evidence that supports your complaint? **(If yes, please describe and attach documentation).**

If you previously notified a County department head, supervisor or other official about this matter or acts related to the complaint, please identify the individual(s) to whom you complained, the date you complained and the resolution, if any to your complaint.

If you have legal counsel and would like us to provide him/her with a copy of information being made available to you, please provide their contact information:

Equal Employment Opportunity-related Retaliation

Who do you believe is retaliating against you?

Are you filing this complaint because you have been the target of retaliation based upon a current or former Equal Employment Opportunity-related complaint that you filed?

Yes ____ No ____

Are you filing this complaint because you have been the target of retaliation based upon a current or former Equal Employment Opportunity-related investigation that you participated in as a witness?

Yes ____ No ____

Are you filing this complaint because you have been the target of retaliation because you previously raised concerns about a policy or practice that you considered to be EEO-related harassment, discrimination or retaliation?

Yes ____ No ____

Are you filing this complaint because you have been the target of retaliation because you requested a Reasonable Accommodation for a disability, sincerely held religious observance, or practice related to your status as a nursing mother or victim of domestic violence?

Yes ____ No ____

Is there another reason why you feel that you are the target of Equal Employment Opportunity-related retaliation? (Please state below)

When did the alleged retaliation take place?

Month Day Year Month Day Year

Is this Equal Employment Opportunity-related retaliation ongoing? Yes ____ No ____

CORRECTIVE ACTION REQUEST

What corrective action or remedy are you seeking as an outcome to this complaint?

ACKNOWLEDGMENTS

I certify that the above allegations are true to the best of my knowledge, information and belief.

I am willing to participate in the investigation of this complaint and to the extent possible provide whatever evidence the County deems relevant.

Signature

Date

Please submit this form to:

County of Rockland
Department of Personnel
Office of Employee Rights and Relations
50 Sanatorium Road, Building A
Pomona, NY 10970