

**OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION**  
**148 MARTINE AVENUE, SUITE 103**  
**WHITE PLAINS, NEW YORK 10601**  
**TELEPHONE (914) 995-2141**  
**TELEFAX (914) 813-4018**

**DISCRIMINATION COMPLAINT FORM**

**Type of complaint:**

*[Please check all that apply to your complaint ]*

<input type="checkbox"/>	EEO [Title VII of Civil Rights Act of 1964]	Time period covered by the complaint: From: ____ to: ____
<input type="checkbox"/>	AA [Exec Order/West. County Policy]	Is this a continuing action: Yes: ____ No: ____
<input type="checkbox"/>	ADA [The Americans with Disabilities Act]	Earliest date of alleged violation: _____
<input type="checkbox"/>	FMLA [Family and Medical Leave Act]	Most recent date of violation: _____
<input type="checkbox"/>	ADEA [Age Discrimination in Employment Act of 1967]	<b>Basis of discrimination:</b> ____ Race ____ Color ____ Nat'l. Origin ____ Sex ____ Age ____ Disability ____ Religion ____ Retaliation ____ Sexual Orientation Other: _____
<input type="checkbox"/>	EPA [The Equal Pay Act]	
<input type="checkbox"/>	Other: _____	

Your Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of your supervisor: \_\_\_\_\_

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

<u>NAME:</u>	<u>JOB TITLE:</u>	<u>DEPARTMENT/UNIT:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**Indicate the date(s) place and the nature of the complaint of conduct allegedly committed by each identified individual:**

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**Identify all employees or others who witnessed and/or who have any knowledge of the complaint of conduct. Describe what was witnessed and/or the nature of the knowledge:**

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

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

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

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

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**If you previously complained about this or related acts thereof to a County supervisor or other County official, please identify the person(s) to whom you complained, the date(s) and the place:**

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**What is your requested remedy as to this complaint?**

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

If yes, check one:	<input type="checkbox"/> U. S. EEOC	<input type="checkbox"/> NYS Division of Human Rights	<input type="checkbox"/> Union Grievance
	<input type="checkbox"/> Attorney	<input type="checkbox"/> Court	<input type="checkbox"/> Westchester 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 have to contact you during our fact-finding investigation, please check one:**

Contact me at home       Contact me at work       Mail all correspondence to home

Do not use interoffice mail     Use interoffice mail       Contact me via e-mail

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**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**

**THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT.**

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

**By:** \_\_\_\_\_

[ *Please print your name* ]

\_\_\_\_\_  
[ *Signature of Complainant* ]

**Date:** \_\_\_\_\_

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**PERSONAL & CONFIDENTIAL CONTACT INFORMATION**

Your Name: \_\_\_\_\_

Home Telephone Number: [ \_\_\_\_ ] \_\_\_\_\_

Work Telephone Number: [ \_\_\_\_ ] \_\_\_\_\_

Cell Phone Number: [ \_\_\_\_ ] \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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## **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 #5 OF 2002 entitled EQUAL EMPLOYMENT OPPORTUNITY POLICY; EXECUTIVE ORDER #6 of 2002 entitled ANTI-HARASSMENT AND DISCRIMINATION POLICY & EXECUTIVE ORDER #8 of 2005 entitled AMENDMENTS TO EXECUTIVE ORDERS #5 & #6 of 2002)**

**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].