



City of Albany Office of Equal Employment Opportunity
 City Hall
 Albany, New York 12207
 (518) 434-5296
eeo@albanyny.gov

Employment Discrimination/Harassment Complaint Form

The Office of Equal Employment Opportunity investigates complaints of discrimination based on:

- *Age (if you are least 18 years of age);*
- *Creed/Religion (religious belief, practice, or observance);*
- *Disability (a physical or mental condition);*
- *Family status (single, married, separated, divorced, widowed);*
- *Military Status (including military reserves);*
- *National Origin (the country where you or your ancestors were born);*
- *Race/Color (because of the color of your skin or ethnicity);*
- *Retaliation (if you were treated negatively after you filed a discrimination case, helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other listed category);*
- *Sex (based on the fact that you are male/female/non-binary/third gender, sexual stereotyping, sexual harassment, or pregnancy discrimination);*
- *Sexual orientation (heterosexual, homosexual, bisexual, asexual, etc. – whether actual or perceived);*
- *Gender identity (self image, behavior, appearance or expression which can be the same or different from one's sex assigned at birth); and/or*
- *Any other classes protected by City policy, and/or State/Federal/City law.*

Please note: In order to file a complaint with the Office of Equal Employment Opportunity, you must be a current or former employee, intern, independent contractor, job applicant, or volunteer of the City of Albany. All complaints must be filed within one year from the date that the discriminatory act(s) took place. To protect your rights, it is important that you fill out the complaint form, sign it, and bring it in or send it in right away.

Please be sure to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete all pages legibly and sign the last page.
- Attach additional pages if you need more space to complete your responses.

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City of Albany

Employment Discrimination/Harassment Complaint Form

In addition to filing an internal complaint, a complainant has a right to use any external complaint filing procedures available under State and Federal law.

PLEASE PRINT																							
1. Your Name:	2. Mailing Address:	3. Telephone (Work/Home)																					
4. Job Title	5. Department/Office/Facility	6. Date of alleged action(s):																					
7. Full name, title, and telephone number of person(s) you believed discriminated against you:																							
8. Basis of Alleged Discrimination: <table style="width: 100%; border: none;"><tr><td style="width: 33%; padding: 5px;"><input type="checkbox"/> Age</td><td style="width: 33%; padding: 5px;"><input type="checkbox"/> Domestic Partnership Status</td><td style="width: 33%; padding: 5px;"><input type="checkbox"/> National Origin</td></tr><tr><td><input type="checkbox"/> Affection/Sexual Orientation</td><td><input type="checkbox"/> Familial Status</td><td><input type="checkbox"/> Race</td></tr><tr><td><input type="checkbox"/> Ancestry</td><td><input type="checkbox"/> Gender Identity</td><td><input type="checkbox"/> Religion</td></tr><tr><td><input type="checkbox"/> Color</td><td><input type="checkbox"/> Military Status</td><td><input type="checkbox"/> Sex/Gender</td></tr><tr><td><input type="checkbox"/> Creed</td><td><input type="checkbox"/> Marital Status</td><td><input type="checkbox"/> Sexual Harassment</td></tr><tr><td><input type="checkbox"/> Disability</td><td><input type="checkbox"/> Nationality</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td colspan="3"><input type="checkbox"/> Retaliation (for having filed or participated in a discrimination complaint investigation, or for opposing a discriminatory practice)</td></tr></table>			<input type="checkbox"/> Age	<input type="checkbox"/> Domestic Partnership Status	<input type="checkbox"/> National Origin	<input type="checkbox"/> Affection/Sexual Orientation	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Race	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Religion	<input type="checkbox"/> Color	<input type="checkbox"/> Military Status	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Creed	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Disability	<input type="checkbox"/> Nationality	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Retaliation (for having filed or participated in a discrimination complaint investigation, or for opposing a discriminatory practice)		
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9. Explain why you feel you have been discriminated against:		<input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED																					

10. Were the actions or behavior you are complaining about directed at, or said to, you another party both ?

11. Did anyone else witness the actions or behavior that you are complaining about? If yes, who and when?

12. Was the incident reported to anyone? Yes No If yes, who and when? _____

13. What remedy or resolution are you seeking? _____

14. If determined appropriate by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process? Yes No

Complainant's Signature: _____ Date: _____

15. Have you filed a discrimination complaint with

- The New York State Division of Human Rights Yes No

If yes, when? _____

- U.S. Equal Employment Opportunity Commission? Yes No

If yes, when? _____

16. Have you filed a grievance on the issues/personnel actions described? Yes No

If yes, when? _____

17. I swear or affirm that I have read the above complaint and that the statements are true and correct to the best of my knowledge.

Signature: _____ Date: _____

18. **Completion of this section is voluntary.** The information is to be used only for record keeping and reporting requirements:

SEX: Male Female Non-binary/Third gender/Other gender (_____)

RACE: American Indian or Alaska Native (Non Hispanic or Latino) Asian (Non Hispanic or Latino)

Black or African American (Non Hispanic or Latino) Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)

White (Non Hispanic or Latino) Hispanic or Latino Two or More Races (Non Hispanic or Latino)

NOTE: In addition to filing an internal complaint, a complainant has a right to use external compliant filing procedures available under state law (with New York State Division of Human Rights) and federal law (with the US Equal Employment Opportunity Commission).

DO NOT WRITE BELOW THIS LINE

EEO/AA Office Signature:

Date Received: