



# DUTCHESS COUNTY DISCRIMINATION AND HARASSMENT Complaint Form

**Important Note: Confidentiality will be maintained to the greatest extent possible throughout the investigatory process.  
In addition, any employee who participates in the investigation may do so without fear of retaliation.**

Name of Complainant:		Supervisor:	
Department:		Location of Incident(s):	
Phone #:		E-mail:	

Name and titles of person(s) accused:			
Date(s) of Incident(s):		Time(s) of Incident(s):	
Description of Incident(s):			
Are you still an applicant, employee, intern or volunteer of the County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the alleged discrimination or harassment still occurring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Please indicate the type of discrimination or harassment that you are alleging:**

<input type="checkbox"/> Age	<input type="checkbox"/> Arrest/Conviction Record	<input type="checkbox"/> Disability	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Religion/Creed	<input type="checkbox"/> National Origin/Ancestry
<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> Genetic Predisposition	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Familial Status
<input type="checkbox"/> Race	<input type="checkbox"/> Sex / Sexual Harassment	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Gender Identity

*This information is accurate to the best of my knowledge and memory. I understand that the County cannot take retaliatory action against me for filing this complaint, and that I may report any retaliatory action to the Human Rights/EEO Officer for investigation. I further acknowledge that intentionally submitting a false or fraudulent complaint may subject me to disciplinary action.*

Person completing form : \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

**Complaint Report procedures:**

- ◆ Call 911 immediately if warranted by situation
- ◆ To obtain free legal counseling, call the confidential NYS hotline at 1-800-427-2773
- ◆ Employees, Supervisors, Interns & Volunteers: Submit completed form to Department Head or EEO Officer.
- ◆ Department Heads: Submit completed form to the EEO Officer or the Commissioner of Human Resources.

**The form can be submitted to your department head or the EEO Officer via e-mail (JAndersontejera@dutchessny.gov), inter-office mail, regular mail or dropped off at Human Resources reception or dropbox in COB lobby.**

*Please mark the envelope confidential if being sent by mail.*