



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 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
- ◆ 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.*