TOWN OF COBLESKILL
<u>COMPLAINT FORM</u>

In order to assist Town of Cobleskill in investigating your allegations of harassment, discrimination or retaliation in a prompt and thorough fashion, please complete this form to the best of your abilities and with as much detail as you are able. Once completed, please submit this form to a Municipal Compliance Officer identified in Section 11 of the Municipal Policy Against Discrimination and Harassment. If additional space is needed in order to respond to any question below, please attach additional pages as necessary and identify which question corresponds to the information set forth in the additional pages. Any questions regarding this form may be directed to a Municipal Compliance Officer. No individual will be retaliated against for filing a complaint.

Name of Complainant: _____ Date Submitted: _____

Job Title: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(Please circle the number you'd prefer us to call)

Email: _____

Name of Victim (if different than Complainant): _____

Basis of this complaint (check all that apply):

_____ Race/color		_____ Gender expression
_____ Age		_____ Gender identity
_____ National Origin		_____ Transgender status
_____ Disability		_____ Genetic predisposition
_____ Sex/gender		_____ Military/veteran status
_____ Sexual harassment		_____ Citizenship
_____ Pregnancy		_____ Religion/Religious creed
_____ Marital Status		_____ Domestic violence victim status
_____ Familial Status		_____ Retaliation
_____ Sexual orientation		_____ Other/Not Sure

If checked "Other/Not Sure," please briefly explain:

_____

_____

_____

_____

Time(s) and date(s) the incident(s) took place:

_____

_____

_____

_____

Name(s) and office address of the individual who allegedly engaged in the harassment, discrimination or retaliation. If more than one, list all.

Name: _____

Location: _____

Describe the incident(s) which occurred with as much detail as you are able, including why you believe the incident(s) constitutes harassment, discrimination or retaliation (please attach any documentation or evidence you believe is relevant to the incident):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe briefly what you would consider to be appropriate resolution of the conduct described above: (Please note that Town of Cobleskill retains the sole discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

_____

_____

_____

_____

Identify all persons who witnessed the incident(s) described above:

_____   _____

_____   _____

_____   _____

Please identify any other persons you believe have knowledge important to the incident(s) in question, including his/her contact information and a brief description of the knowledge held by each person:

_____

_____

_____

_____

_____

_____

Have you filed a complaint or charge with a Federal, State, or Local Government agency related to the incident(s) identified above?

Yes _____   No _____

Has this incident or occurrence been previously reported to Town of Cobleskill?

[ ] Y [ ] N.   If yes, when and to whom?

_____

_____

If the incident or occurrence has been previously reported, please describe the remedy, outcome or resolution:

_____

_____

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

_____   _____

Complainant's Signature   Date

Received by:

_____   _____

Signature   Date

Print Name:

For Employer Use Only – To be Completed Upon Receipt

Recipient of Complaint (print): _____

Date, Time and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: _____

_____

Notes: _____

_____