

Town Of Pittstown

COMPLAINT FORM

*In order to assist the Town of Pittstown 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Race/color         | <input type="checkbox"/> Gender expression               |
| <input type="checkbox"/> Age                | <input type="checkbox"/> Gender identity                 |
| <input type="checkbox"/> National Origin    | <input type="checkbox"/> Transgender status              |
| <input type="checkbox"/> Disability         | <input type="checkbox"/> Genetic predisposition          |
| <input type="checkbox"/> Sex/gender         | <input type="checkbox"/> Military/veteran status         |
| <input type="checkbox"/> Sexual harassment  | <input type="checkbox"/> Citizenship                     |
| <input type="checkbox"/> Pregnancy          | <input type="checkbox"/> Religion/Religious creed        |
| <input type="checkbox"/> Marital Status     | <input type="checkbox"/> Domestic violence victim status |
| <input type="checkbox"/> Familial Status    | <input type="checkbox"/> Retaliation                     |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Other/Not Sure                  |

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

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

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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):

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Describe briefly what you would consider to be appropriate resolution of the conduct described above: (Please note that the Town Of Pittstown 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.)

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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:

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\_\_\_\_\_  
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 the town of Plittstown?  
[ ] 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: \_\_\_\_\_

\_\_\_\_\_