NEW YORK STATE ASSEMBLY DISCRIMINATION COMPLAINT FORM

If you believe that you have been subjected to sexual harassment or any other form of discrimination based on your membership in a protected class, you are encouraged to complete this form and submit to the appropriate person as set forth in the preface to the policy (http://intranet.nysa.us/files/HarassmentPolicy.pdf). You will not be retaliated against for filing a complaint.

If you are more comfortable reporting orally or in another manner, the independent counsel hired by the Assembly will complete this form, provide you with a copy, and follow its discrimination prevention policy by ensuring an investigation of the claims as outlined in the policy and at the end of this form.

COMPLAINANT INFORMATION

Name:____

Work Address:________________________ Work Phone:________________________

Job Title:____________________________ Email:______________________________

Select Preferred Communication Method: ___ Email ___ Phone ___ In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:_________________________ Title:_____________________

Work Phone: ________________________ Work Address:________________________

COMPLAINT INFORMATION

1. Your complaint of Discrimination is made about:

Name:_______________________________ Title:________________________________

Work Address:________________________ Work Phone:__________________________

Relationship to you: ___Supervisor ___Subordinate ___Co-Worker ___Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) discrimination occurred: ____

   Is the discrimination continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint.

The last question is optional, but may help the investigation.

5. Have you previously complained or provided information (oral or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

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Signature: ___________________________________ Date: __________________________