



City of Albany Office of Equal Employment Opportunity  
City Hall  
Albany, New York 12207  
(518) 434-5296  
eoo@albanyny.gov  
Employment Discrimination/Harassment Complaint Form

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**The Office of Equal Employment Opportunity investigates complaints of discrimination based on:**

- Age (*if you are at least 18 years of age*)
- Creed/Religion (*religious belief, practice, or observance*)
- Disability (*a physical or mental condition*)
- Marital Status (*single, married, separated, divorced, widowed*)
- Military Status (*including military reserves*)
- National Origin (*the country where you or your ancestors were born*)
- Race/Color (*because you are Asian, Black, Indian, White, etc.; because of the color of your skin; or ethnicity*)
- Retaliation (*if you were treated negatively after you filed a discrimination case, helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other listed category*)
- Sex (*based on the fact that you are a male or female, sexual stereotyping, sexual harassment, or pregnancy discrimination*)
- Sexual Orientation (*heterosexual, homosexual, bisexual, asexual—whether actual or perceived*)
- Gender Identity (*self image, behavior, appearance or expression which is different from what is traditionally associated with a person's assigned sex at birth*)
- and any other classes protected by City policy, and/or State/Federal/City law.

**Please note:** In order to file a complaint with the Office of Equal Employment Opportunity, you must be a current or former employee, intern, independent contractor, job applicant or volunteer of the City of Albany. All complaints must be filed within one year from the date that the discriminatory act(s) took place. To protect your rights, it is important that you fill out the complaint form, sign it, and bring it or send it in right away.

Please be sure to:

- Answer all questions as completely as possible.
- Include the location where you work(ed) or applied.
- Complete all pages and sign the last page.
- Attach additional pages if you need more space to complete your responses.

## City of Albany Employment Discrimination/Harassment Complaint Form

In addition to filing an internal complaint, a complainant has a right to use any external complaint filing procedures available under State and Federal law.

<u>PLEASE PRINT</u>					
1. Your Name:	2. Mailing Address:	3. Telephone (Work/Home)			
4. Job Title	5. Department/Office/Facility	6. Date of alleged action(s):			
7. Full name, title, and telephone number of person(s) you believed discriminated against you:					
<p>8. Basis of Alleged Discrimination:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Age  <input type="checkbox"/> Affection/Sexual Orientation  <input type="checkbox"/> Ancestry  <input type="checkbox"/> Color  <input type="checkbox"/> Creed  <input type="checkbox"/> Disability  <input type="checkbox"/> Retaliation (for having filed or participated in a discrimination complaint investigation, or for opposing a discriminatory practice)                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic Partnership Status  <input type="checkbox"/> Familial Status  <input type="checkbox"/> Gender Identity  <input type="checkbox"/> Military Status  <input type="checkbox"/> Marital Status  <input type="checkbox"/> Nationality                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> National Origin  <input type="checkbox"/> Race  <input type="checkbox"/> Religion  <input type="checkbox"/> Sex/Gender  <input type="checkbox"/> Sexual Harassment  <input type="checkbox"/> Other: _____                      _____                      _____                 </td> </tr> </table>			<input type="checkbox"/> Age <input type="checkbox"/> Affection/Sexual Orientation <input type="checkbox"/> Ancestry <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Retaliation (for having filed or participated in a discrimination complaint investigation, or for opposing a discriminatory practice)	<input type="checkbox"/> Domestic Partnership Status <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identity <input type="checkbox"/> Military Status <input type="checkbox"/> Marital Status <input type="checkbox"/> Nationality	<input type="checkbox"/> National Origin <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other: _____ _____ _____
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9. Explain why you feel you have been discriminated against:		<input type="checkbox"/> CHECK IF ADDITIONAL SHEETS ARE ATTACHED			

10. Were the actions or behavior you are complaining about directed at, or said to, you \_\_\_ another party\_\_\_ both\_\_\_ ?

11. Did anyone else witness the actions or behavior that you are complaining about? If yes, who and when?  
\_\_\_\_\_  
\_\_\_\_\_

12. Was the incident reported to anyone?  Yes  No If yes, who and when? \_\_\_\_\_

13. What remedy or resolution are you seeking? \_\_\_\_\_

14. If determined appropriate by the EEO Officer, are you willing to attempt to resolve your complaint through mediation or another alternative dispute resolution (ADR) process?  Yes  No

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15. Have you filed a discrimination complaint with

- The New York State Division of Human Rights  Yes  No

If yes, when? \_\_\_\_\_

- U.S. Equal Employment Opportunity Commission?  Yes  No

If yes, when? \_\_\_\_\_

16. Have you filed a grievance on the issues/personnel actions described?  Yes  No

If yes, when? \_\_\_\_\_

17. I swear or affirm that I have read the above complaint and that the statements are true and correct to the best of my knowledge.

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

18. **Completion of this section is voluntary.** The information is to be used only for record keeping and reporting requirements:

SEX:  Male  Female

RACE:  American Indian or Alaska Native (Non Hispanic or Latino)  Asian (Non Hispanic or Latino)

Black or African American (Non Hispanic or Latino)  Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)

White (Non Hispanic or Latino)  Hispanic or Latino  Two or More Races (Non Hispanic or Latino)

**NOTE:** In addition to filing an internal complaint, a complainant has a right to use external compliant filing procedures available under state law (with New York State Division of Human Rights) and federal law (with the US Equal Employment Opportunity Commission).

**DO NOT WRITE BELOW THIS LINE**

EEO/AA Office Signature:

Date Received: