CITY OF NIAGARA FALLS
COMPLAINT OF DISCRIMINATION OR HARASSMENT

Name of Employee/Complainant: ___________________________________________________

Address: ______________________________________________________________________

Home Phone: __________________________ Work Phone: ____________________________

Job Title: ___________________________ Date of Hire: ____________________________

Department: _________________________ Supervisor (if different from Dept. Head): __________

Name and department of person that you believe discriminated against you:
_________________________________________________________________________________

Please indicate the basis for the alleged discrimination:

☐ Age ☐ Gender Identity or Expression
☐ Race ☐ Religion
☐ Creed ☐ Disability
☐ Color ☐ Predisposing Genetic Characteristics
☐ National Origin ☐ Marital Status
☐ Sex ☐ Military Status
☐ Sexual Orientation ☐ Domestic Violence Victim Status
☐ Retaliation

Date(s) & Times of Incident(s):_____________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Description of Incident(s): (Use additional sheets if necessary)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What actions have you taken concerning the alleged discrimination?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Are you still employed by or volunteering for the City of Niagara Falls:  [ ] Yes  [ ] No

What action(s) are you seeking? __________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature ________________________________  Date ________________________________

In filing this complaint, you are saying that the allegations you are making are true and correct to the best of your knowledge. You acknowledge that the information may be used by the City of Niagara Falls to further investigate the complaint.

Forward to:  EEO Officer for Compliance and Workforce Diversity

City Hall
745 Main Street, Room 16
Niagara Falls, NY 14302