

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:

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Predisposing Genetic Characteristics |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Military Status |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Domestic Violence Victim Status |
| <input type="checkbox"/> 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