



Tompkins County Department of Human Resources

125 East Court Street, Ithaca, NY 14850 | P: (607) 274-5526 | F: (607) 274-5401 | www.TompkinsCountyNY.gov
Inclusion through Diversity

TOMPKINS COUNTY DISCRIMINATION AND HARASSMENT PREVENTION COMPLAINT FORM

(Submit to Commissioner of Human Resources or County Administrator)

This form may be used to file a complaint of discrimination or discriminatory harassment which is a form of discrimination prohibited by Federal law, the New York State Human Rights Law, and Tompkins County Policy. This form is also to be used to file a charge of other unacceptable conduct or retaliation.

Filing this complaint form with Tompkins County in no way deprives you of the right to file a complaint with the U.S. Equal Employment Opportunity Commission, New York State Division of Human Rights, and/or the Federal or State courts.

(PLEASE PRINT OR TYPE)

1. Name _____
Phone Number _____
Residence _____
Mailing Address (if different from residence) _____
City _____ State _____ Zip Code _____

2. Department _____ Employee # _____

2. Have you filed this charge with a Federal, State, or local government agency?
YES/NO: _____ When _____ Where _____
(Month/Day/Year)

Have you instituted a suit or court action on this charge?
YES/NO: _____ When _____ Where _____
(Month/Day/Year)

(AN AFFIRMATIVE REPLY TO THIS QUESTION WILL IN NO WAY STOP A REVIEW OF YOUR COMPLAINT)

4. Alleged discrimination or discriminatory harassment occurred on or about:
Month: _____ Day: _____ Year: _____ Time: _____
Is this alleged discrimination or discriminatory harassment continuing? YES _____ NO _____
Are you personally the subject of the alleged discrimination or harassment? YES _____ NO _____
If not, please state the name of the person(s) who are the subject of the alleged harassment:
