## TIOGA COUNTY DISCRIMINATORY HARASSMENT COMPLAINT FORM (FORM 4)

This form may be used to file a charge of harassment which is a form of discrimination prohibited by federal law, the New York State Human Rights Law, and County Policy.

It in no way deprives you of the right to file a complaint with the US Equal Employment Opportunity Commission, New York State Division of Human Rights, and/or the Federal/State Courts.

## PLEASE PRINT OR TYPE

Name:
Phone Number: Department:
Residence:
City: State: Zip Code:
Mailing Address (if different from residence):
Have you filed this charge with a Federal, State or local government agency?
□ Yes □ No (If Yes) Date: Where:
Have you instituted a suit or court action on this charge?
□ Yes □ No (If Yes) Date: Where:
An affirmative reply to these questions will in no way stop a County review of your complaint
Alleged Discrimination Occurred on or about:
Month: Day: Year: Time:
Is this alleged discrimination continuing? 🛛 Yes 🗆 No

Completed forms should be submitted to a Department Head and/or Personnel Officer -INFORMATION PROVIDED HEREIN WILL BE CONFIDENTIALLY MAINTAINED-

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Describe the alleged act of harassment. Use additional sheets if necessary.
beschoe me alleged der of hardssmern. Die dadmend sneets if necessary.

Indicate the name(s) of the alleged harasser(s):	
State the name of any potential witness(es):	

I swear or affirm that I have read the above related facts and that the statements are true and correct to the best of my knowledge, information and belief.

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

(Signature)

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