

**Broome County Government's
Equal Employment Opportunity Compliance Office
Complaint Procedure Overview**

Who May File A Complaint

Any person who believes that either he or she, or any specific class of individuals has been or is being subjected to discrimination on the basis of race, color, religion, sex, national origin, age, disability, sexual preference and marital status. Complaints filed by the complainant or his/her authorized representative must be filed in writing. It must contain the complainants and respondents name and address, date of occurrence, a description of the allegations with enough detail to establish whether or not the allegations would violate any of the nondiscrimination and equal opportunity laws and regulations. It must also contain the complainant or his/her authorized representative's signature.

Information the Complaint Must Contain

All complaints must be in writing, and must contain the following:

- The complainant's name and address or another means of contact;
- The identity of the respondent, including the individual(s) that the complainant alleges is responsible for the discrimination.
- A description of the allegations in sufficient detail to determine whether or not the complaint is within the jurisdiction of the EO Officer, whether or not the complaint was timely filed, has apparent merit, and if true, whether the allegations would violate the non-discrimination and equal opportunity laws and regulations.
- The complainant or his/her authorized representative must sign the complaint.

If it is determined that the EO Officer does not have jurisdiction over a complaint, the complainant will be notified of the lack of jurisdiction.

**Broome County Government's
Equal Employment Opportunity Compliance Office
Discrimination complaint Process Procedural Steps**

Step I The Opportunity to File a Complaint

All complaints must be in writing. The individual, specific class of individuals, or authorized representative, hereafter referred to as complainant, who believes he or she has been discriminated against, must submit the allegations in writing to the Equal Opportunity Officer. The Equal Opportunity Officer will, within five (5) days of receipt of complaint, send an acknowledgement letter to the complainant and advise him/her of their right to be represented in the complaint process

Step II The Opportunity for an Informal Resolution Conference

The Equal Opportunity Officer may meet with the complainant or his/her authorized representative, within fifteen (15) days from the date of receipt of the written allegations, to conduct a preliminary investigation and to discuss the circumstances underlying the allegations, and attempt to informally resolve the issue(s). If the complaint cannot be resolved informally, the Equal Opportunity Officer will within fifteen (15) days of receipt of the complaint advise the complainant.

**Broome County Government's
Equal Employment Opportunity Compliance Office
Complaint Information Form**

Name _____

Department _____

What are the most convenient time and place for us to contact you about this complaint?

To your best recollection on what date(s) did the discrimination take place?

Have you ever attempted to resolve this complaint? Yes ____ No ____?

Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (check)

- Race: Specify _____
- Color: Specify _____
- Religion: Specify _____
- National Origin: Specify _____
- Sex: Specify ___ Male ___ Female
- Age: Specify Date of Birth _____
- Disability _____
- Citizenship: Specify _____
- Reprisal/Retaliation _____
- Other: Specify _____

Do you think the discrimination against you involved: (check one)

Your job or seeking employment? Or

Your using facilities or someone providing/not providing you with services or benefits?

If so, which of the following are involved?

Hiring

Transition

Wages

Job classification

Discharge/Termination

Promotion

Training

Transfer

Qualification/Testing

Grievance Procedure

Layoff/Furlough

Recall (From Layoff-Furlough)

Seniority

Intimidation/Reprisal

Harassment

Access/Accommodation

Union Activity

Union Representation

Application

Enrollment

Referral

Exclusion

Placement

Benefits

Performance Appraisal

Discipline/Reprimand

Other: Specify _____

Why do you believe these events occurred?

What other information do you think is relevant to our investigation?

If this complaint is resolved to your satisfaction, what remedies do you seek?

Please list any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:

Name _____ Telephone Number _____

Signed (complaint Not Valid unless signed)

Date