

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes) Date: _____ Where: _____
Have you instituted a suit or court action on this charge? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

