

Discriminatory Harassment Complaint Form

Cobleskill-Richmondville Central School District

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

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, or the Federal/State Courts.

(Please Print or Type)

Name: _____ Phone Number: _____

Residence: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Department that you work in: _____

Have you filed this charge with a Federal, State, or local government agency? Yes/No

If yes: When: _____ Where: _____

Have you instituted a suit or court action on this charge? Yes/No

If yes: When: _____ Where: _____

(An affirmative reply to this question will in no way stop a district review of your complaint)

Alleged Discrimination Occurred on or about: (MM/DD/YYYY) _____ and time (HH:MM) _____

Is this alleged discrimination continuing: Yes/No

Describe the alleged act of harassment (use additional sheets if necessary): _____

Indicate the name(s) of the alleged harasser(s): _____

State the name(s) 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.

Signature

Date

-Information provided will be confidentially maintained to the greatest extent possible-