



APPENDIX "A"
EEO COMPLAINT FORM

INSTRUCTIONS: Please print and use ink. Complete the form and file with your EEO Representative. Retain a copy for your records.

Name: _____

Address: _____

Position Title: _____ Department: _____

Supervisor: _____

Phone: Business () _____ Home () _____

I prefer to be contacted at: Home Work Days _____ Times _____

Are you a current Nassau County Employee? Yes No

Person to contact if I cannot be reached: _____

Name: _____ Contact Number: _____

1. Please describe the incident(s) and name the Respondent:

2. On what basis do you believe your Equal Employment Opportunity rights are at issue?
(Please check all that apply.)

Age ____, Race ____, Creed ____, Color ____, National Origin ____, Sexual Orientation ____,
Military Status ____, Sex (gender identity, transgender person, gender dysphoria) ____,
Disability ____, Genetic Information ____, Predisposing Genetic Characteristics, ____,
Marital Status ____, Domestic Violence Victim ____, Retaliation ____.

3. Please give the date of the incident(s); and, if ongoing, please identify the time period:

4. If there are witnesses to the incident(s) who may be able to help in the investigation,
please list their names, job titles and phone numbers (if possible).

5. What action do you think the County should take to resolve this complaint?

6. Have you filed a grievance with your union regarding this matter? Yes No
(Filing this complaint does not preclude you from filing elsewhere)

If you have filed a grievance with your union please answer the following:

- a. Date grievance was filed? _____
b. Name of representative organization. _____

7. Have you filed a complaint on this matter with any other agency? If so, please specify:

Equal Employment Opportunity Commission, Complaint filed on

New York State Human Rights Commission, Complaint filed on

8. Please add any additional information which may be helpful in investigating this complaint.

I have been provided a copy of the Nassau County Equal Employment Opportunity and Sexual Harassment Prevention policy and have been given an opportunity to meet with my EEO Representative. I understand that the County will determine whether my complaint is appropriate for review pursuant to the Nassau County Equal Employment Opportunity policy. I understand that the investigation of this complaint will be conducted in accordance with the procedures set forth in the Nassau County Equal Employment Opportunity policy. I also understand that I may withdraw my complaint, but that the County may continue to investigate my complaint if the County determines that an investigation is appropriate. I acknowledge that making a willfully false complaint may subject me to discipline up to and including termination.

Signature of Complainant

Date