OFFICE OF EEO INTERNAL COMPLAINT FORM

Return this form and any attachment(s) to the Office of Equal Employment Opportunity (EEO) at EEO@nychhc.org

Print Full Name:	TKID:
How would you like to be addressed?	Home/Work Address:
Personal Email:	Personal Phone Number:
Work Email:	Alternative Phone Number:
Date of Hire:	Work Phone Number:

Job Title:	Department:	Facility/Work Location:

Employment Status

☐ Group 11 (Managerial/Non-Unionized)	☐ Group 12 (Unionized)	☐ Other ☐ Affiliate Staff ☐ Agency Staff ☐ _____

Person(s) who have allegedly discriminated and/or retaliated against you:

Are you alleging discrimination? ☐ Yes ☐ No If so, what is the basis of the alleged discrimination?
Check only those that apply to your complaint:

- ☐ Age
- ☐ Alienage/Citizenship Status
- ☐ Arrest/Conviction Record
- ☐ Caregiver Status
- ☐ Color
- ☐ Credit History
- ☐ Disability
- ☐ Familial Status
- ☐ Gender/Sex
- ☐ Gender Identity/ Expression
- ☐ Genetic Predisposition/Carrier Status
- ☐ Height
- ☐ Marital/Partnership Status
- ☐ National Origin
- ☐ Pregnancy
- ☐ Race
- ☐ Religion/Creed
- ☐ Retaliation
- ☐ Salary History
- ☐ Sexual Harassment
- ☐ Sexual Orientation
- ☐ Status as a Veteran or Active Military Service Member
- ☐ Status as a Victim of Domestic Violence, Stalking, and/or Sex Offenses
- ☐ Unemployment Status
- ☐ Weight
- ☐ Other _____

Are you alleging retaliation? ☐ No ☐ Yes
If yes: Have you complained of or filed a previous EEO complaint? ☐ No ☐ Yes
If yes, when? _____

Have you assisted in and/or were involved in a previous EEO complaint? ☐ No ☐ Yes
If yes, when? _____

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Have you filed a complaint about the alleged discrimination/retaliation with the EEOC, NYS Division of Human Rights, NYC Commission on Human Rights, or any other external agency?

☐ No

☐ Yes. If yes, which agency? _____

Explanation of Complaint:

Tell us more about each alleged act of discrimination or retaliation. If you are alleging discrimination, specify on what basis of protected characteristic(s) you are alleging you were subjected to discrimination. Be specific: include dates, names of the individual or individuals who you believe committed discriminatory or retaliatory acts against you, where the discriminatory or retaliatory act(s) took place, and any other details that may be relevant. Please also include any evidence that supports the alleged act(s) of discrimination/retaliation. You may amend this statement after submission to correct any omissions. You are encouraged to refer to Operating Procedure 20-32, "Equal Employment Opportunity (EEO) Policy and Program," for more information about the System's EEO policy and program and the Office of EEO's role. Please use extra pages if necessary.

Were there any witnesses to the alleged discrimination/retaliation? ☐ No ☐ Yes

If **yes**, please provide witnesses' names and contact information:

Confidentiality: All EEO complaints and investigations will be handled, to the extent possible, in a manner that will protect the privacy interests of those involved. While all internal EEO investigations will be conducted in a confidential manner, certain exceptions apply. In the course of an investigation, the assigned EEO personnel may discuss EEO matters with other individuals who may have information about a complaint. In addition, it may be necessary for the assigned EEO personnel to disclose certain information on a need to know basis. All persons with whom the Office of EEO interacts with concerning the complaint and its investigation are requested to refrain from discussing the complaint, to the extent possible, beyond their interaction with the Office of EEO.

I affirm that I have read the above completed complaint form and any attached pages, and that it is made in good-faith and is true to the best of my knowledge, information and belief, and that I have been informed about and/or understand my rights to file a complaint with a federal, state and local civil rights enforcement agency.

Signature: **Date:**