



**COMPLAINT FORM FOR VIOLATIONS OF THE TOWN OF NORTH HEMPSTEAD
EQUAL EMPLOYMENT OPPORTUNITY POLICY – (FORM A)**

Complaint of Discrimination, Harassment or Retaliation

Date of Complaint: _____

Date of Incident: _____

Department Head _____

Complainant: _____

Charged Person(s) _____

Relationship to you: Supervisor___ Subordinate___ Co-Worker___ Other___

Description of Incident: (Attach additional sheets if necessary)

Name(s) of witness(es), if any: _____

Has the incident been reported before: _____

If yes, when, to whom, and what was the resolution?: _____

I hereby affirm that the information contained in this complaint is true and correct to the best of my knowledge, information and belief.

Signature of Complainant_____ Date_____

Received By_____ Date_____