Broome County Government's Equal Employment Opportunity Compliance Complaint Procedure Overview

Who May File a Complaint

Any person who believes that either he or she, or any specific class of individuals has been or is being subjected to discrimination on the basis of race, color, religion, sex, national origin, age, disability, sexual preference and marital status. Complaints filed by the complainant or his/her authorized representative must be filed in writing. It must contain the complainants and respondents name and address, date of occurrence, a description of the allegations with enough detail to establish whether or not the allegations would violate any of the nondiscrimination and equal opportunity laws and regulations. It must also contain the complainant or his/her authorized representative's signature.

Information the Complaint Must Contain

All complaints must be in writing, and must contain the following:

- The complainant's name and address or another means of contact:
- The identity of the respondent, including the individual(s) that the Complainant alleges is responsible for the discrimination.
- A description of the allegations in sufficient detail to determine whether
 Or not the complaint is within the jurisdiction of the County, whether or not
 the complaint was timely files, has apparent merit, and if true, whether the
 allegations would violate the non-discrimination and equal opportunity
 laws and regulations.
- The complainant or his/her authorized representative must sign the complaint.

If it is determined that the County does not have jurisdiction over a complaint, the complainant will be notified of the lack of jurisdiction.

Broome County Government's Equal Employment Opportunity Compliance Discrimination Complaint Process Procedural Steps

Step I

The Opportunity to File a Complaint

All complaints must be in writing. The individual, specific class of individuals, or authorized representative, hereafter referred to as complainant, who believes he or she has been discriminated against, who believes he or she has been discriminated against, must submit the allegations in writing to the Broome County Personnel Officer. The Personnel Officer will, within five (5) days of receipt of complaint, send an acknowledgement letter to the complainant and advise him/her of their right to be represented in the complaint process.

Step II

The Opportunity for an Informal Resolution Conference

The Personnel Officer may meet with the complainant or his/her authorized representative, within fifteen (15) days from the date of receipt of the written allegations, to conduct a preliminary investigation and to discuss the circumstances underlying the allegations, and attempt to informally resolve the issue(s). If the complaint cannot be resolved informally, the Personnel Officer will within fifteen (15) days of receipt of the complaint advise the complainant.

Broome County Government's Equal Employment Opportunity Compliance Complaint Information Form

Name
Department
What are the most convenient time and place for us to contact you about this complaint?
To your best recollection on what date(s) did the discrimination take place?
Have you ever attempted to resolve this complaint? Yes [] No []
Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.
Basic of Complaint: Which of the following best describes why you believe you were discriminated against: (check) [] Race: Specify
[] Other. Specify

Do you think the discrimination against you involved: (check one)

[]	Hiring
ΪĪ	Transition
[]	Wages
ΪĪ	Job Classification
[]	Discharge/Termination
[]	Promotion
[]	Training
[]	Transfer
į į	Qualification/Testing
[]	Grievance Procedure
ίí	Layoff/Furlough
ίí	Recall (from layoff-furlough)
ίí	Seniority
ίí	Intimidation/Reprisal
ίi	Harassment
[]	Access/Accommodation
[]	Union Activity
įį	Union Representation
[]	Application
įį	Enrollment
ĺĺ	Referral
įį	Exclusion
[]	Placement
[]	Benefits
[]	Performance Appraisal
[]	Discipline/Reprimand
[]	Other: Specify
Why	do you believe these events occurred?
vvha	at other information do you think is relevant to our investigation?
If th	is complaint is resolved to your satisfaction, what remedies do you seek?

Please list any persons (witnesses, fellow employees, supervisors, or others) that we may contact for additional information to support or clarify your complaint:
Name:
Telephone number: