

Bethlehem Public Library Harassment Complaint Form
Submit to Compliance Officer or Designee or Alternative Person or
Office More Senior to Compliance Officer

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

Filing this complaint form with Bethlehem Public Library 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, and/or the Federal/State courts.

(PLEASE PRINT OR TYPE)

1. Name _____
Phone Number _____
Residence _____
Mailing Address (if different from residence) _____
City _____ State _____ Zip Code _____

2. Department _____

3. Have you filed this charge with a Federal, State or local government agency?
YES/NO: _____ When _____ Where _____
(Month/Day/Year)

Have you instituted a suit or court action on this charge?
YES/NO: _____ When _____ Where _____
(Month/Day/Year)

(AN AFFIRMATIVE REPLY TO THIS QUESTION WILL IN NO WAY STOP A REVIEW OF YOUR COMPLAINT)

4. Alleged Discrimination Occurred on or about:
Month: _____ Day: _____ Year: _____ Time: _____

Is this alleged discrimination continuing: YES _____ NO _____?

Are you personally the subject of the alleged harassment? YES _____ NO _____?

If not, please state the name of the person(s) who are the subject of the alleged harassment:

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Describe the alleged act of harassment. **Use additional sheets if necessary.**

5. Indicate the name(s) of the alleged harasser(s):

6. State the name(s) of any potential witness(es):

7. 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.

Date: _____

(Signature)

-INFORMATION PROVIDED HEREIN WILL BE CONFIDENTIALLY MAINTAINED-