



DISCRIMINATION / DISCRIMINATORY HARASSMENT COMPLAINT FORM

Merit Apprenticeship Alliance, Inc. & MACTI, Inc.

Complainant's Name (Print or Type)		Race	Gender	Last 4 Soc. Sec.#	
Address			City		State Zip Code
Cell Phone		Email		Normal Work Hours	
Employing Contractor			Your Immediate Supervisor's Name		Supervisor Work Phone
Accused Name		Race	Gender	Crew Name/Identity/Job	
Accused Work Phone					

What is the relationship of the accused to the company? (Circle one) Employee? Supervisor? Administrator? Vendor? Customer? Other:

What is the relationship of the complainant to the company? (Circle one) Employee? Supervisor? Administrator? Vendor? Customer? Other:

26. Discrimination / Discriminatory Harassment Factors

Indicate which factor(s) you believe the actions were based upon. **Check all that apply.**

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Partisan Considerations |
| <input type="checkbox"/> Height | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> Race | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | |

Choose Category:

- Hostile Work Environment** Note: Must be due to the above factors. **Quid Pro Quo**

Please list any witnesses and contact information (additional pages may be attached if necessary).

Name _____ Name _____

Name _____ Name _____

Have you discussed this incident with anyone? No Yes If Yes with who and date(s)

Have you filed a formal complaint regarding this issue? No Yes

Have you asked that the behavior stop? No Yes If Yes, when?



Discrimination / Discriminatory Harassment Complaint Statement

Describe below **in detail** the alleged discriminatory harassment. Use additional pages as needed.

When did the alleged harassment occur?

Day

Date

Time

Who was involved in the alleged harassment occur?

Name

Title/job

Where did the alleged harassment occur? State exact location (street, city, state)

Describe in detail the event of the When did the alleged harassment. Use exact words, describe actions in detail as they occurred.

Check here if additional pages are attached. If yes, how many pages are attached?

I certify that the information provided is true, accurate, and complete to the best of my knowledge and belief.

Employee's Signature

Date of Complaint



Discrimination / Discriminatory Harassment Complaint Report Instructions

General Instructions

This form must be completed by Alliance/MACTI employees, customers, contractors, vendors, or members of the public who wish to file an internal complaint of potential violations of Harassment. Assistance in completing this form may be obtained from the Alliance/MACTI staff, HR Manager or President. Please ensure that the following information is submitted promptly following the alleged event and record all information so that it is legible using type or block print.

1. Complete all items requested above
2. Attach additional pages describing the alleged event(s) if needed. Please be complete and thorough. Answer the questions
3. Sign and date the form and any additional documents submitted.
4. Make a copy for your records.
5. Forward your complaint of Discriminatory Harassment as soon as practicable after the alleged violation(s).to

Penelope M. Hazer, President, Merit Apprenticeship Alliance, Inc.
315.440.8989 or via email to PMHazer@MeritAlliance.org
or via email to HR@MeritAlliance.org

Investigative Process

A thorough investigation shall be conducted on all legitimate complaints of discriminatory harassment. The complainant shall provide the following information to the Alliance. The required information is as follows:

1. Specific details as to what happened.
2. Who was directly or indirectly involved.
3. When the incident(s) occurred (date and time).
4. Witnesses to the event(s).
5. Documents or other evidence that may be useful to the investigation
6. Why the complainant believes that their protected status, i.e. race, gender, age, etc., is the reason for the adverse action(s) or conduct
7. If and how the treatment of the complainant differs from the treatment of other similarly situated employees who do not share the complainant's protected status.

Retaliation Warning

Retaliation against anyone making a complaint, complained about discrimination/discriminatory behavior, or participation in the investigation is a violation of law and Alliance/MACTI policy and is strictly prohibited. Retaliation complaints shall be investigated as a separate charge and persons found in violation may be subjected to discipline up to and including discharge.

For additional resources, visit: ny.gov/programs/combating-sexual-harassment-workplace

Additional Assistance and Information

The Merit Apprenticeship Alliance, Inc. & MACTI, Inc. has an obligation to investigate complaints and take appropriate action even if you do not wish to proceed with an internal investigation. Your identity and complaint will/may be subjected to disclosure pursuant to the investigation and resolution of the complaint.

You may also file an external complaint with the New York State Division of Human Rights or New Jersey Division on Civil Rights within 180 days of the alleged incident; the federal Equal Employment Opportunity Commission within 300 days of the alleged incident.

Information contained in this form will be kept confidential to the extent allowed by law, and as is practical to conduct a complete and thorough investigation.

If you have questions regarding this form or the investigative process, please contact ***Penelope M. Hazer, President, Merit Apprenticeship Alliance, Inc. at 315.440.8989 or via email to PMHazer@MeritAlliance.org***