

## Discrimination/Harassment Form for Peck Memorial Library

To report discrimination, you must be at least 18 years old or an emancipated minor, and you must provide us with at least one method to contact you: email address, phone number, address.

Full Name\_\_\_\_\_

Date of Birth\_\_\_\_\_

Street address\_\_\_\_\_

Town\_\_\_\_\_ zip\_\_\_\_\_

Email address\_\_\_\_\_

Phone\_\_\_\_\_

Name of Employer: Peck Memorial Library

Street Address: Main Street

Town: Marathon, NY 13803

Provide the name of the first name, last name and title of the individual work discriminated

against you\_\_\_\_\_

Date of the recent act of alleged discrimination\_\_\_\_\_

### **Circle all that apply**

Refused to hire me

Fired me/laid me off

Demoted me

Denied me promotion/pay raise

Denied me training

Gave me a disciplinary notice or negative performance review

Suspended me

Did not call back after being laid off

Paid me a lower salary than other co-workers doing the same job

Gave me different or worse job duties than other workers doing the same job

Denied my request for an accommodation for my disability, or pregnancy-related condition

Denied me an accommodation for domestic violence

Denied me an accommodation for my religious practices

Denied me leave time or other benefits

Discriminatory advertisement or inquiry or job application

Sexual Harassment

Harassed or intimidated me on any basis indicated here

Denied services or treated differently by a temp or employment agency

Denied a license by a licensing agency

Other - Write In (Required)

Describe what happened as fully as possible:

Did others have a similar experience (please include name(s) and dates)

I certify that the above mentioned claim is accurate and honest in my description.

signature\_\_\_\_\_

date\_\_\_\_\_