

CITY OF HAMMOND

310 E. Charles Street, P. O. Box 2788, Hammond, LA 70404

DISCRIMINATION/HARASSEMENT COMPLAINT FORM

The City of Hammond does not discriminate on the basis of race, sex, sexual orientation, marital and parental status, disability, color, creed, age, and national origin or Vietnam Veteran status in access to or treatment in the City's programs, and employment. In addition, the City's policies make sexual harassment unacceptable and intolerable. These policies apply to applicants for employment, employees, and sources of referral of applicants for employment, contract labor, contractors, and all vendors.

The City of Hammond complies with Titles VI and VII of the Civil Rights Act of 1964; the Equal Pay Act of 1963; the Age Discrimination Act of 1975; Sections 503 and 504 of the Rehabilitation of 1973; the Americans with Disabilities Act; Executive Order No. 11246; Genetic Information Nondiscrimination Act; the Vietnam Era Veteran Readjustment Act of 1974 and other federal, state and local nondiscrimination laws as may apply.

You may use this form to file a charge of discrimination protected by the above policies or you may call your Human Resources Department/EEO Officer at (985) 277-5626.

1. Your Name: _____

Status: (applicant, employee, citizen etc.) _____

Mailing Address: _____

_____ Phone Number _____

E-Mail Address: _____

2. What do you believe the discrimination (including harassment) was based on?

Race/color/racial harassment

Age

Religion

Disability

National Origin

Marital Status

Gender

Sexual Harassment

Vietnam Veteran Status

Sexual Orientation

Retaliation for Filing a Discrimination Complaint

3. When did the alleged discrimination start or take place? _____
MM DD YY

4. Please name the person you are complaining against:

Name _____

Title _____

Department _____ Telephone _____

PLEASE RESPOND TO QUESTIONS #5-11 ON AN ATTACHED PAGE(S).

5. Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe.
6. Please give as much detail as possible about what happened.
7. Who do you believe discriminated against or harassed you?
8. Please tell us where, when and how this took place. If there was more than one incident, please describe each incident separately.
9. What was your response?
10. Describe how the adverse action against you is related to your membership in a protected category, i.e., your gender, race, etc.

11. What corrective action would you prefer to see?

12. Have you filed this charge with a Federal, State or Local Government?

Yes No If yes, when? _____

13. Have you initiated a suit or court action on the charge? Yes No. If yes,

When? _____

14. If this complaint contains information regarding actions that are covered under criminal code (e.g., sexual assault or battery), I consent to having the information gathered be used for criminal action by the appropriate law enforcement agency:
Yes No Undecided

By signing this form I give my consent for any information gathered to be provided to appropriate officials or law enforcement agencies as indicated above.

Signature

Date