

**DEPARTMENT OF PERSONNEL**  
**OFFICE OF EMPLOYEE RIGHTS AND RELATIONS**

50 Sanatorium Road, Building A  
Pomona, New York 10970  
Phone: (845) 364-3742  
Fax: (845) 364-3738

**Lori Gruebel**  
*Commissioner of Personnel*

**OERR FORM 1**

**FORM FOR COMPLAINT OF  
DISCRIMINATION, SEXUAL HARASSMENT,  
AND/OR RETALIATION**

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**FORM FOR COMPLAINT OF DISCRIMINATION, SEXUAL HARASSMENT, RETALIATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_ **\*REQUIRED**

Work Email: \_\_\_\_\_ **\*REQUIRED**

**\*OERR uses personal and work emails for its communications. Please check your personal email for correspondence throughout the investigation/accommodation process.**

Please check your preferred method of communication:

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ **\*REQUIRED**

Cell Phone #: \_\_\_\_\_ **\*REQUIRED**

Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Your Department /Unit: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

**Are you a department head filing this complaint as a function of your duty to report allegations of EEO-related discrimination, sexual harassment, or retaliation?** Yes No

If yes, did you witness the conduct? Yes No

Do you have any statements/emails/documents/etc. related to the complaint? Yes No

*If you have statements/emails/documents/etc., attach them with your complaint form.*

**Are you currently an employee of the County of Rockland?** Yes No

If you are not an employee of the County of Rockland, please specify if you are:

Former Employee (If you are a former employee, what was your termination date? Or resignation, retirement or other separation date?) \_\_\_\_\_

Contractor/Vendor Job Applicant

Board/Commission or Committee Member

Other (Specify) \_\_\_\_\_

I have reviewed Rockland County Executive Order 2023-01 at the links below. Yes No

The latest version of the Executive Order is posted on the County’s website (<https://rocklandgov.com>) at: Departments>Personnel>Office of Employee Rights and Relations.

For County Intranet users (internal for County employees with computers) the Executive Order is accessible at: RCWEB>Policies and Procedures>Current County Executive Orders.

This complaint form is provided to you in the event you believe that you are the victim of, or have witnessed discrimination, sexual harassment, and/or retaliation. Please complete the form if it is applicable to your concern(s). If you require assistance or need an accommodation to complete this form, contact your supervisor, manager, department head/commissioner/appointing authority, or OERR for assistance.

On the following pages, please indicate the **TYPE OF COMPLAINT** and answer the related questions.

Then complete the **DESCRIPTION OF COMPLAINT** section. You may provide additional documentation upon submission of the complaint if necessary.

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**TYPE OF COMPLAINT**

*Discrimination\**

*Sexual Harassment\*\**

*Retaliation*

***\*“Discrimination” includes harassment based on a protected characteristic/class.*** Protected characteristics/classes include: age, alienage/citizenship, ethnicity/national origin, color/race (including, but not limited to, traits historically associated with race, such as hair texture and protective hairstyles), creed/religion, disability, familial or marital status, military status, predisposing genetic characteristics or carrier status, pregnancy, arrest/conviction history, status as a nursing mother, status as a victim of domestic violence, or other legally protected status. You must *check the applicable protected characteristic/class below.*

***\*\*“Sexual harassment” includes harassment that is sexual in nature or is harassment based on gender/sex, gender identity or expression, or sexual orientation.***

*“General harassment,” which is behavior that is perceived as “harassing” but is not based on a protected characteristic/class, is not covered by this Policy. However, if you have a general complaint about behavior in the workplace, OERR will speak with you to direct your complaint to the appropriate party/office. You are best served by speaking with your supervisor/manager or other appropriate contact in the department/appointing authority/agency in which you work.*

*If you are the victim of retaliation, please see the retaliation page for additional questions.*

Are you filing this complaint because you have been the target of *Discrimination that is not Sexual Harassment*? If yes, you must select the basis for your complaint:

- |                                    |                    |                            |
|------------------------------------|--------------------|----------------------------|
| Age                                | Disability         | Arrest/Conviction History  |
| Alienage/Citizenship               | Gender/Sex         | Gender Identity/Expression |
| Ethnicity/National Origin          |                    |                            |
| Veteran/Military Status            | Familial Status    | Pregnancy                  |
| Marital Status                     | Sexual Orientation | Religion/Creed             |
|                                    |                    | Other                      |
| Genetic Information/Carrier Status | Race/Color         |                            |
| Nursing mother                     |                    |                            |
| Victim of Domestic Violence        |                    |                            |

If you selected "Other" you must explain the characteristic/class as well as the basis for your complaint here in as much detail as possible. Only discrimination and harassment covered under this Policy will be adjudicated:

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Are you filing this complaint because your department refused to provide a Reasonable Accommodation? Please check all that apply to your complaint:

- |            |                               |   |
|------------|-------------------------------|---|
| Disability | Pregnancy-Related Condition   | Status as a Nursing Mother              |
| Religion   | Gender Identity or Expression | Status as a Victim of Domestic Violence |

Please list the person(s) whom you believe is/are engaging in Discrimination/Sexual Harassment/Retaliation:

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## DESCRIPTION OF COMPLAINT

Description of complaint (continued). Please attach additional page(s) if necessary. Please remember to include specific information (e.g. dates and locations)

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Please identify all individuals who witnessed and/or who have personal knowledge of the alleged conduct. Please identify, if known, what each individual witnessed or what other knowledge they may have of the alleged conduct.

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To your knowledge, are there any written statements or other documents that contain information supporting your complaint? **(If “yes,” please describe and attach documentation).**

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Is there any physical evidence that supports your complaint? **(If yes, please describe and attach documentation).**

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If you previously notified a County department head, supervisor or other official about this matter or acts related to the complaint, please identify the individual(s) to whom you complained, the date you complained and the resolution, if any to your complaint.

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Have you filed this complaint with any outside agency, tribunal, entity, organization, etc.?

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## **Equal Employment Opportunity-Related Retaliation**

If you believe you have been retaliated against, state who do you believe is retaliating against you?

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Are you filing this complaint because you have been the target of retaliation based upon a current or former Equal Employment Opportunity-related complaint that you filed?

Yes                      No

Are you filing this complaint because you have been the target of retaliation based upon a current or former Equal Employment Opportunity-related investigation that you participated in as a witness?

Yes                      No

Are you filing this complaint because you have been the target of retaliation because you previously raised concerns about a policy or practice that you considered to be discrimination, sexual harassment or retaliation?

Yes                      No

Are you filing this complaint because you have been the target of retaliation because you requested a Reasonable Accommodation for a disability, sincerely held religious observance, or practice related to your status as a nursing mother or victim of domestic violence?

Yes                      No

Is there another reason why you feel that you are the target of Equal Employment Opportunity-related retaliation? (Please state below)

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When did the alleged retaliation take place?

Month   Day   Year                      Month   Day   Year

\_\_\_\_\_

Is this Equal Employment Opportunity-related retaliation ongoing?   Yes                      No



**CORRECTIVE ACTION REQUEST**

What corrective action or remedy are you seeking as an outcome to this complaint?

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**ACKNOWLEDGMENTS**

I certify that the above allegations are true to the best of my knowledge, information, and belief.

I am willing to participate in the investigation of this complaint and to the extent possible provide whatever evidence the County deems relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form to:**  
  
**County of Rockland Department of Personnel  
Office of Employee Rights and Relations  
50 Sanatorium Road, Building A  
Pomona, NY 10970  
RCOERR@co.rockland.ny.gov**