

Niagara Frontier Transportation Authority

Discrimination Complaint

This complaint pertained to:

- | | | | | |
|------------------------------------------|-------------------------------------|------------------------------------------------|-------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Promotion | <input type="checkbox"/> Gender Discrimination | <input type="checkbox"/> Race | <input type="checkbox"/> Disparity Treatment |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex | <input type="checkbox"/> Age | <input type="checkbox"/> Other |

Any employee who believes that he/she has been discriminated against because of race, color, religion, sex, age, national origin, disability or Vietnam-era veteran should consult with the Manager of Equal Opportunity/Diversity Development or designated representative in an effort to resolve the matter informally. Every attempt will be made to resolve complaints within 30 working days after filing.

Your Name:

Phone Number:

Address:

Department:

Position:

Immediate Supervisor:

Shift:

Name of the person whose behavior is in question:

Department:

Position:

Facts of the Incident: (Please provide as much information as possible)

If this complaint involves employment discrimination, please list the position(s) that you were seeking:

Name of person who conducted the interview:

Date of interview:

Were there other applicants that applied for this position (if known)?

Was there a test given for this position?

Were you provided with the results of the test?

Where did you rank compared to the applicants?

Was this test the only factor for being considered for this position?

List anyone who might be able to contribute additional information regarding this complaint:

Were there other instance(s) that you felt you were discriminated against?

If yes, please provide details:

Did you report the incident(s) to management?

Was an investigation conducted?

Have you kept any notes relating to this incident(s)?

You are encouraged to attach additional material if you believe it will assist in the investigation.

Complaint's
Signature _____ Date: _____

Complaint Received By: _____

Job Title _____

The Niagara Frontier Transportation Authority is an equal opportunity employer and does not discriminate on the basis of sex, race, color religion, disability or national origin.

Revised 10/1/18