

Waylyn Hobbs Jr., Mayor

PATRICIA PEREZ, Village Clerk
KEISHA N. MARSHALL Esq, Village Attorney
JOE GILL, Treasurer



JEFFERY DANIELS, Deputy Mayor
CLARIONA D. GRIFFITH, Trustee
KEVIN D. BOONE, Trustee
JOYLETTE WILLIAMS, Trustee

PART A: Complainant Contact Information

COMPLAINANT CONTACT INFORMATION:

Salutation:
First Name: Last Name:
Title:
Address: 1
Address 2:
City: State: Zip Code: Phone #:
E-mail:

PART B: Complaint

Name of the Entity/individual against which this complaint is being filed:
Location of incident:
Address 1:
Address 2:
City: State:
Phone #:

PART C: Complaint Details

Please check the appropriate box(es) to describe what happened. Select the phrase that best represents what occurred.

HARASSMENT

- i. I was: (select one)
 - Harassed
 - Subjected to unfair worksite polices and practices
 - Subjected to unfair bidding practices
 - Other

- ii. I was sexually harassed because I: (select one)
 - was subjected to unwelcomed sexual advances and/or sexually-charged comments
 - am/was exposed to sexually explicit pictures/posters posted in common and/or public areas.
 - Other

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

PART C: Complaint Details- continued

DISCRIMINATION

- i. I was subject to negative comments, racial slurs, or other unwelcome remarks, or questions because of my: (select one)
- Age
 - Gender
 - National Origin
 - Race
 - Religion
 - Other
- ii. I was denied equal access to: _____ (select one) because of my: _____ (select one)
- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="radio"/> Contracting opportunities <input type="radio"/> Information <input type="radio"/> Programs <input type="radio"/> Public transportation <input type="radio"/> Services <input type="radio"/> Training <input type="radio"/> Other | <ul style="list-style-type: none"> <input type="radio"/> Age <input type="radio"/> Disability <input type="radio"/> Gender <input type="radio"/> Limited English language proficiency <input type="radio"/> National Origin <input type="radio"/> Race <input type="radio"/> Religion <input type="radio"/> Other |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

LANGUAGE ACCESS

Regarding barriers to equal access, select all that apply to your experience: (select one)

- Written information related to instructions, directions, or vital information was not available in my native language.
- Translation services I requested were not made available to me for live or recorded events, presentations, or trainings.
- I was denied an accommodation to enter a building, or to access a facility or room in the building.
- There were no signs conspicuously posted notifying me of wheelchair accessibility.
- Readers and/or interpreters for the blind and/or hearing impaired I requested were not provided to me.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

PART C: Complaint Details- continued

ADA

- I could not access public transportation because: _____ (select one)
- Of physical barriers (e.g. improper ramps, lack of equipment or crossing aids, etc.).
 - The bus did not have chair lifts or there was no bus-lowering mechanism
 - The sidewalks, roadways or public facility was not maintained to allow access.
 - The paratransit bus schedule does not accommodate my activities of daily living.
 - The bus routes do not sufficiently deviate from routes to accommodate me.
 - The vehicles, shelters, and/or other facilities are not accessible to me.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form.

FRAUD

- i. I witnessed a disadvantaged business enterprise (DBE) firm not performing the contractual commercially useful function (CUF) on a NYSDOT contract. The firm is: _____
 Contractual services that were to be performed include: _____
 Check this box to attach any documents or photos that substantiate your complaint.

- ii. I have not been paid promptly for the work I have performed as follows: (select one)
 - I have not received any payments.
 - I received some and/or partial payments
 - I received full payments, but they are late.
 - I received partial payments and they are late.

- iii. My payment is _____ days late. Attach the following documentation to this complaint:
 - Check this box to attach the signed contract/ agreement between your firm and the Prime Contractor that outlines the scope of services and payment or reimbursement schedules for services or supplies.
 - Check this box to attach documentation to support that your firm fulfilled its obligations on the project, e.g. signed delivery slips, payroll reports, etc.
 - Check this box to attach documentation or communications from the Prime Contractor regarding any payment issues or reasons why you have not been compensated.
 - If you received partial payments, check this box to attach a listing of the payment dates and amounts received.

PART C: Complaint Details- continued

- iv.** My firm was directly affected by a removal or substitution for a committed item of work for project

_____ Located at: _____
(Project Number)

Attach the following documentation to this complaint:

- Check this box to attach documentation to support the original scope of the project.
- Check this box to attach documentation or communications from the Prime Contractor regarding why your firm's scope of work was being removed from the project or why your firm was being replaced with another firm.

- v.** A Prime Contractor did not negotiate a bid with me/my firm in good faith.

- Check this box to attach any documents or other information that substantiates your complaint.

In the space below, provide any other details regarding your complaint that you would like considered that have not already been addressed in this form. Although space is limited to the available area, you can submit any additional information with this complaint.

PART D: Additional Information

- i.** Were there any witnesses to the action or inaction leading to your complaint? Yes No Unknown

Please provide the name(s) and contact information for any witnesses:

PART D: Additional Information- continued

ii. Was this complaint filed with any other agency? Yes No

- Filed with: (select one)
- Local Entity
 - Private Entity
 - Human Rights Commission
 - Department of Justice
 - USDOT-FTA

iii. Were you the recipient of intimidation or retaliatory actions because you filed a complaint? Yes No

PART E: Complaint Submission

Sign the Complaint form: _____ Date: _____