



## Complaint of Alleged Discrimination or Harassment

This form is to be filed as a part of the formal procedure in order to initiate a complaint of alleged discrimination or harassment prohibited by Newmeadow's policy on Unlawful Discrimination and Harassment.

If you believe that you have witnessed or been subjected to discrimination or harassment, including sexual harassment, you are encouraged to complete this form and submit it to the Director of Corporate Compliance and Quality Assurance. This form can be submitted via email, fax, interoffice mail, in person, or via mail to:

Ramona Grugnale, Regulatory Compliance Director  
23 Sitterly Road  
Clifton Park, NY 12065  
518-899-9235 extension 2250  
compliance@newmeadow.org

Once a complaint is received, Newmeadow, Inc. will follow the investigation process described in the Unlawful Discrimination and Harassment policy.

### COMPLAINANT INFORMATION

Your Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Select Preferred Communication Method: ☐ Email ☐ Phone ☐ In person

### COMPLAINT INFORMATION

1. Please tell us who you believe has violated our policy against Unlawful Discrimination and Harassment, including sexual harassment. What is their relationship to you (e.g. supervisor, subordinate, co-worker, other)? If more than one, please list all.

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Location of incident: \_\_\_\_\_

2. Have you also filed this charge with a Federal, State, or Local Government Agency?  
☐ Yes ☐ No

3. If alleging discriminatory act, it was based on:
- ☐ Race   ☐ Sex   ☐ Age   ☐ Religion   ☐ Sexual Orientation   ☐ National Origin  
☐ Transgender Status   ☐ Gender   ☐ Other   ☐ N/A

If other, please explain below.

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4. Please describe the incidents which occurred and your reason for concluding that it is/was discriminatory or harassment. How is it affecting you and your work? Please attached any relevant documents or evidence.

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5. Please provide specific date(s) the alleged discrimination or harassment, including sexual harassment, occurred: \_\_\_\_\_

Is the discrimination or harassment still continuing? ☐ Yes ☐ No

6. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

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7. Describe briefly what you would consider to be appropriate resolution of the complaint:

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8. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information? *(This question is optional, but may help the investigation.)*

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By signing below, I swear or affirm that the complaint is true to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_