

Grievance Policy

The City of Gloversville is committed to a policy of non-discrimination in the conduct of its business, including meeting its responsibilities under 40 C.F.R. Parts 5 and 7 and other federal and state laws, and to the delivery of equitable and accessible services.

It is the policy of the City of Gloversville to ensure full compliance with federal nondiscrimination laws in all programs and activities. The City of Gloversville will not discriminate on the basis of race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age in any programs, services, or activities.

Any member of the public who believes he or she has been subjected to discrimination under 40 C.F.R. Parts 5 and 7 on the basis of race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age and wishes to file a complaint may do so following the outline below. Any employee of the City of Gloversville who believes he or she has been subjected to discrimination shall complete the attached grievance form and submit to the compliance officer listed below. The complaint shall be in writing and contain information about the complainant and the alleged discrimination including:

1. The name, address, and phone number of complainant;
2. The name of the department and/or employee(s) against whom the complaint is filed;
3. The location, date, and description of the alleged violation; and
4. The signature of the complainant or his or her designee.

The complaint shall be submitted as soon as possible, but no less than 10 calendar days after the alleged violation to:

City Clerk Jenni Mazur, 3 Frontage Road, Gloversville, NY 12078

Phone: (518) 773-4542, Fax: (518) 773-2593, cityclerk@cityofgloversville.com

Absent extenuating circumstances, the EEOC Officer will provide a written response to the complaint within 45 calendar days after beginning the investigation. The Officer will issue one of three letters:

1. a closure letter summarizing the allegations and stating that there was not a violation and that the case will be closed; or
2. a letter of resolution summarizing the allegations and describing the informal resolution mutually agreed to by the complainant and the department about which the complaint was submitted; or
3. a letter of finding (“LOF”) summarizing the allegations and the investigation of the alleged complaint and explaining any remedial action to be taken by the City of Gloversville.

This policy is applicable to EPA funded programs.

City of Gloversville
40 C.F.R. Parts 5 and 7
Nondiscrimination Grievance Form

Name _____
Address _____ City _____ Zip _____
Telephone: Home _____ Work _____ Cell _____

Basis of Complaint

- | | |
|-----------------------------|--------------------------|
| Race | <input type="checkbox"/> |
| Color | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> |
| National Origin | <input type="checkbox"/> |
| Age | <input type="checkbox"/> |
| Disability (ADA) | <input type="checkbox"/> |
| Low-Income | <input type="checkbox"/> |
| Limited English Proficiency | <input type="checkbox"/> |

Who allegedly discriminated against you?

Name _____
Address _____ City _____ Zip _____
Telephone _____

If an organization, what is its name?

Name of Organization _____
Address _____ City _____ Zip _____
Telephone _____
Name of Contact _____

How were you discriminated against?

Where did the alleged discrimination occur?

Date/s and times discrimination occurred?

First time _____

Second time _____

Third time _____

Were there any other witnesses to the discrimination?

Name	Title	Work Telephone	Home Telephone

What can the City do to help resolve the complaint?

Have you filed your complaint with anyone else?

Who _____

When _____

Complaint number, if known _____

Do you have an Attorney in this matter?

Name _____

Address _____ City _____ Zip _____

When did you acquire? _____

Signed _____ Date _____

Mail to: City Clerk Jenni Mazur
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Phone (518) 773-4542
Email: cityclerk@cityofgloversville.com