

DEI Incident Report Form

Citizens Options Unlimited – Diversity, Equity, & Inclusion

DEI Incident Reporting Form

This form can be used by employees, volunteers, and staff to file a DEI Incident Report based on race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction. These are meant as examples and are not to be understood as exhaustive.

Reporting Process and Timeline

When possible, incident reports should be completed by the party directly engaged in an instance of a violation of DEI protocols and practices as defined in the Diversity, Equity, and Inclusion policy. In cases where the affected party cannot complete a written statement, the DEI Officer should interview the individual to complete the written incident report. The written report describing the incident must be completed prior to the start of the investigation.

After thorough review the DEI Officer has the authority to recommend action in response to investigations, inquiries, inequities, discrimination and other acts or behavior antithetical to creating a diverse, equitable and inclusive environment for all staff, families, students, persons supported and other stakeholders.

Such action, which requires the approval of the CEO, must be in writing with the justification for such action included.

Recommendations are to be implemented within time frames established by the program director and the DEI Officer, but not to exceed thirty (30) days. Requests to exceed the thirty-day (30) implementation period may be made to the DEI Officer within 5 days of receipt of the recommended action. Such requests must be in writing and include a written justification for the delay.

If completing this report anonymously please insert NA where applicable.

Delivery methods to DEI officer:

Email form to snoveiri@ahrc.org

Call DEI Officer at 516.626.1000, ext. 1210

Personally deliver to office 206 at 189 Wheatley Rd, Brookville, NY 11545

Interoffice mail marked to the attention of the DEI officer in a sealed envelope.

DEI Hotline: 516.686.4404

Reporting Intake & Information (please print or type)

1. Your Name and Pronouns: _____

Primary Phone #: _____

Additional Phone #: _____ E-Mail address: _____

Your department/worksite: _____ Hire Date: _____

Your Organizational Affiliation (circle all that apply):

AHRC Nassau Citizens Options Unlimited Brookville Center for Children Unknown

2. DEI Incident Report is Based on: (list all characteristics that apply)

Alleged discrimination took place on or about: Month: _____ Day: _____ Year: _____

How many times has this infraction occurred: (list all below and attach extra pages if needed)

Alleged incident(s) took place on or about: Month: _____ Day: _____ Year: _____

Location(s): _____

(add, in as much detail as possible, all times, dates and locations, attach extra pages if needed)

Last time these infractions occurred: _____

Did this happen to you or someone else (if your answer is someone else, please complete section 3 below)

Me: _____ Someone else: _____

Name and pronouns of the person responsible for infraction (if known):

Title (if known): _____

Relationship to reporting person (e.g., supervisor, co-worker, etc.): _____

Organizational Affiliation of person who allegedly infringed (circle/highlight all that apply):

AHRC Nassau Citizens Options Unlimited Brookville Center for Children Unknown

Name(s) and pronouns of others who witnessed the alleged discrimination (if known):

_____ (attach extra pages if needed)

Was anyone else the recipient of this infraction:

Yes: _____ No: _____

Would they be willing to speak to the DEI Officer about the allegations: (If this name is different from the one above please provide name and contact information)

Yes: _____ No: _____ (if yes include name[s]
below)

Name and Pronouns: _____

Primary Phone #: _____

Additional Phone #: _____ E-Mail address: _____

Their department/worksite: _____

Their Organizational Affiliation (circle/highlight all that apply):

AHRC Nassau Citizens Options Unlimited Brookville Center for Children Unknown

3. Did this happen to someone else? Complete below

Yes: _____ No: _____

Name of the person and pronouns (if known): _____

Title (if known): _____

Primary Phone #: _____

Additional Phone #: _____ E-Mail address: _____

Their department/worksite: _____

Relationship to reporting person (e.g., supervisor, co-worker, etc.): _____

Organizational Affiliation of person (circle/highlight all that apply):

AHRC Nassau Citizens Options Unlimited Brookville Center for Children Unknown

4. Have you previously filed an informal report about this discrimination.

Yes: _____ No: _____

(approx. date): _____

To whom (person or office) have you previously reported informally: _____

Have you previously reported information concerning this individual/behavior:

Yes: _____ No: _____

(approx. date): _____

Have you filed this charge with a federal, state, or local government agency:

Yes: _____ No: _____

If yes, which agency: _____ Date? _____

Have you instituted a suit or court action on this matter:

Yes: _____ No: _____

If yes, which court: _____ Date: _____

Court Address: _____

Court Contact: _____

Have you previously filed complaints about any other discrimination case?

Yes: _____ No: _____

If yes, Please specify: (attach extra pages if needed)

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5. Briefly describe the act or acts which occurred and your reason(s) for believing that it was discriminatory (attach extra pages and/or information if necessary).

 6. Describe any corrective or remedial action that has been taken

 7. Any correction you would like to see taken (attach extra pages if necessary).

 8. How has this alleged discrimination affected you in your employment setting?

I affirm that I have read the above allegation(s) and that it is (they are) true to the best of my knowledge. The DEI Officer and the Complainant shall agree to keep all information gathered relative to allegations of discrimination in confidence to the extent practicable or allowable by law. However, with the consent of the Complainant, the DEI Officer may provide relevant information to the appropriate AHRC Nassau staff when necessary.

I have been advised that it is a violation of State and Federal statutes to retaliate against an individual because they have filed a discrimination report. If I am subjected to any adverse action that I feel may be retaliatory, I will promptly report such to the DEI Officer.

I have been further advised that the filing of an internal report with the DEI Officer is not a waiver of my right to file a formal complaint of unlawful discrimination with the New York State Division of Human Rights, the Equal Employment Opportunity Commission (EEOC), the Federal courts, or the State courts.

In addition, I am advised that the filing of an internal report does not stop the statute of limitations for filing external complaints with EEOC, the NYS Division of Human Rights, litigation, or any other agency hearing such complaints. I am aware that should I choose to file a verified complaint with an outside agency, such a complaint must be filed with EEOC within 180 days of the alleged incident, and with the State Division of Human Rights within 365 days of the alleged incident.¹

Reporting Person's Signature: _____ Date: _____

DEI Officer Signature: _____ Date: _____

1. Please note that this does not constitute legal advice. If you require legal advice, consult an attorney.