

**Volney Volunteer Fire Corp.  
Discrimination/Harassment Complaint Form**

Discussed with:

- Executive Officer
- Fireline Officer
- Officer from both lines

Name of Complainant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Title of Member: \_\_\_\_\_

Please check applicable box.

I charge that I have been subjected to:

- Sexual Harassment
- Racial Harassment
- National Origin Harassment

or discrimination based on:

- Race
- Sex
- Arrest record
- Creed
- Marital Status
- Religion
- Color
- Pregnancy
- Citizenship
- Age
- National Origin
- Disability
- Disabled or Non-disabled Veteran's Status

Nature of Complaint (When it occurred, who was involved, what happened. Please be specific.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy Requested by

Complainant: \_\_\_\_\_

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

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

Vice President Signature: \_\_\_\_\_

Senior Board Member Signature: \_\_\_\_\_

Officer taking initial complaint signature: \_\_\_\_\_

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