

Torres Rojas, Genara

FOIA 13279

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**From:**  
**Sent:** Sunday, June 24, 2012 5:17 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

Information:

First Name: Jeffrey  
Last Name: Caubet  
Company:  
Mailing Address 1:  
Mailing Address 2:  
City:  
State:  
Zip Code:  
Email Address: ; 1  
Phone:  
Required copies of the records: Yes

List of specific record(s):

I would like to request a blank copy of Equal Employment Opportunity Complaint Form PA 397804-12.

**THE PORT AUTHORITY OF NY & NJ**

Daniel D. Duffy  
FOI Administrator

July 10, 2012

Mr. Jeffrey Caubet

Re: Freedom of Information Reference No. 13279

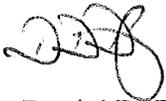
Dear Mr. Caubet:

This is a response to your June 24, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for a blank copy of Equal Employment Opportunity Complaint Form PA-397804-12.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13279-O.pdf>. Paper copies of the available records are available upon request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy  
FOI Administrator

**Office of EEO Compliance, Diversity & Inclusion**

- ▶ **A complaint must be filed within eighteen months of the event that is the subject of the complaint.**
- ▶ Please *print clearly* all requested information.
- ▶ Also attach additional pages and supporting documentation if necessary.

**Complainant Information:** Please complete every appropriate item and submit it as soon as possible after the incident of alleged discrimination or harassment to:

**Office of EEO Compliance, Diversity & Inclusion**  
**225 Park Avenue South, 10th Floor**  
**New York City, NY 10003**  
**Phone #: 212-435-2845 Fax #: 212-435-2858**

|   |        |                                 |             |
|---|--------|---------------------------------|-------------|
| Name:   | Title: | Division / Department:          | Employee #: |
| Home Address:   | City:  | State:                          | Zip:        |
| Phone# - Home:  | Cell:  | Work:                           |             |
| Preferred Contact Number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |        | Preferred Time to be Contacted: |             |

**This is a request to the Office of EEO Compliance, Diversity & Inclusion for a formal investigation of a complaint of alleged discrimination/harassment/retaliation.**

**Division / Department Information:**

|                                |
|--------------------------------|
| Name of Manager or Supervisor: |
| Union/Union Representative:    |
| Facility Name:                 |
| Facility Address:              |

**Nature of Complaint:**

1) Check box below why you believe you were discriminated against.

- |  |   |
|--|---|
| <input type="checkbox"/> Age                                       | <input type="checkbox"/> Alienage/Citizenship Status  |
| <input type="checkbox"/> Disability                                | <input type="checkbox"/> Ethnicity/National Origin    |
| <input type="checkbox"/> Religion                                  | <input type="checkbox"/> Retaliation (for complaint)  |
| <input type="checkbox"/> Color                                     | <input type="checkbox"/> Marital / Partnership Status |
| <input type="checkbox"/> Race                                      | <input type="checkbox"/> Sexual Orientation           |
| <input type="checkbox"/> Arrest/Conviction                         | <input type="checkbox"/> Sexual Harassment            |
| <input type="checkbox"/> Gender/Sex                                | <input type="checkbox"/> Gender Identification        |
| <input type="checkbox"/> Genetic Information Nondiscrimination Act | <input type="checkbox"/> Other                        |

2) Name(s) & Title(s) of person(s) you believe discriminated against you.

|           |             |              |
|-----------|-------------|--------------|
| <b>a.</b> | Name: _____ | Title: _____ |
| <b>b.</b> | Name: _____ | Title: _____ |
| <b>c.</b> | Name: _____ | Title: _____ |
| <b>d.</b> | Name: _____ | Title: _____ |

**COMPLAINT OF ALLEGED DISCRIMINATION/HARASSMENT OR RETALIATION PA 3978 / 04-12**  
**(page 2)**

**3) Where did the alleged discrimination take place?**  
\_\_\_\_\_

**4) Date(s) on which alleged act(s) of discrimination occurred.**

|   |   |
|---|---|
| <b>a.</b> Month: _____ Day: _____ Year: _____ | <b>c.</b> Month: _____ Day: _____ Year: _____ |
| <b>b.</b> Month: _____ Day: _____ Year: _____ | <b>d.</b> Month: _____ Day: _____ Year: _____ |

**5) For each date noted above, explain what occurred:**  
*(Provide the names of persons who may have knowledge along with any documentation.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6) What relief or corrective action are you seeking?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**