



Education Discrimination Complaint Form

Instructions

1) Please fill out the complaint form, answering all of the questions. If you are filling out the form on a computer, please print it immediately when you are finished. **You may not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print. ***Please do not write in the margins or on the back of this form.***

Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.

2) Notarization is no longer a requirement for this form. For those not wanting to use a notary, you can complete the declaration section after you fill out the form. The declaration option does not require notarization; you need only fill in the blanks with the date and your location (city, state), and sign the declaration. The oath section is still available, but if you use this option you will need to sign in front of a notary.

3) Attach copies of any documents that you think will help the Division investigate your case (emails with respondent, written statements from witnesses, etc.).

4) Return the complaint form to the office closest to you. See the next page for the list of office locations. You may return the complaint by postal mail or personal delivery. You may also email your complaint to complaints@dhr.ny.gov or fax it to (718) 741-8322.

5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

6) The completed complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

Time Limit for Filing

FOR ACTS THAT OCCURRED BEFORE 2/15/2024, you must file your complaint within one year of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated.

FOR ACTS THAT OCCURRED ON OR AFTER 2/15/2024, you must file your complaint within three years of the most recent act of alleged discrimination. If you were terminated, you must file within three years of the date you were first informed you would be terminated.

If you need further assistance or require an accommodation for a disability, please call one of our offices, make an appointment for a personal meeting or visit our website at www.dhr.ny.gov/complaint. Interpreter services are also available at no cost upon request.



NYS Division of Human Rights Offices

Albany

Agency Building 1, 2nd Floor
Empire State Plaza
Albany, New York 12220
Telephone: (518) 474-2705

Binghamton

44 Hawley Street, Room 603
Binghamton, New York 13901
Telephone: (607) 721-8467

Bronx Central Office

One Fordham Plaza, 4th Floor
Bronx, NY 10458
Telephone: (718) 741-8400

Brooklyn

55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone: (718) 722-2385

Buffalo

Main Place Tower, 350 Main Street,
10th Floor, Suite 1000B
Buffalo, New York 14202
Telephone: (716) 847-7632

Long Island (Nassau)

50 Clinton Street, Suite 301
Hempstead, New York 11550
Telephone: (516) 539-6848

Long Island (Suffolk)

250 Veterans Memorial Highway,
Suite 2B-49
Hauppauge, New York 11788
Telephone: (631) 952-6434

Manhattan

Adam Clayton Powell Jr. State Off. Bldg.
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone: (212) 961-8650

**Office of Sexual Harassment
Issues/Queens**

55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone: (718) 722-2060

Rochester

One Monroe Square
259 Monroe Avenue, Suite 308
Rochester, New York 14607
Telephone No. (585) 238-8250

Syracuse

John J. Hughes State Office Building
333 E. Washington Street, Room 543
Syracuse, New York 13202
Telephone No. (315) 428-4633

White Plains

Telephone: (914) 989-3120

What is Covered by the Human Rights Law?

The Division of Human Rights investigates complaints of discrimination against students of, or applicants to, educational institutions. (Those wishing to file a complaint as an employee of an educational institution should file an employment complaint.) Covered education institutions are:

- Private schools, pre-kindergarten through college or university levels, which are not-for-profit and not run by a religious organization
- All public schools, pre-kindergarten through college or university levels

The Division of Human Rights investigates complaints of discrimination by education institutions based on:

Age

Disability (a physical or mental condition; including denial of reasonable accommodation for disability)

Gender Identity or Expression (actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned to that person at birth, including, but not limited to, the status of being transgender; complaints involving the need for accommodation of gender dysphoria or other related medical condition can also be filed under disability)

Marital Status (single, married, separated, divorced, widowed)

Military Status (including military reserves, or being a veteran)

National Origin (the country where you or your ancestors were born)

Race/Color (because you are Asian, Black, White, mixed race, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)

Religion (religious membership, belief, practice, or observance; or discrimination because you do not have a religious belief)

Retaliation (if you filed a discrimination case before, were a witness or helped someone else with a discrimination case, or opposed or reported unlawful discrimination)

Sex (because of your gender, includes sexual stereotyping, sexual harassment, or pregnancy, except that any institution which establishes or maintains a policy of educating persons of one sex exclusively may admit students of only one sex)

Sexual Orientation (heterosexual, homosexual, bisexual, asexual, whether actual or perceived)

Use of Guide Dog, Hearing Dog, or Service Dog (use of a professionally trained dog for a disability)

Relationship or Association (with a member or members of a protected category listed above)

The Division investigates complaints only if the discrimination is based on one or more of the above reasons. The Division cannot investigate unfair treatment that does not involve one of these reasons. If you do not see anything in this list that applies to your situation, please contact the Division of Human Rights to speak to a staff member.

New York State Division of Human Rights Education Discrimination Complaint Form

Although all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the child's interests must file on behalf of a student under the age of 18.

1. Your contact information:															
First Name	Middle Initial/Name	I am: <input type="checkbox"/> Student or applicant <input type="checkbox"/> Parent or legal guardian													
Last Name															
Street Address/ PO Box		Apt or Floor #:													
City	State	Zip Code													
2. Student or applicant information (if the student is under 18 years of age and a parent or guardian is filing):															
Student's Name:	Relationship:	Date of birth:													
3. You are filing a complaint against:															
Name of Educational Institution															
Street Address/ PO Box															
City	State	Zip Code													
Telephone Number: () - Ext.															
In what <i>county or borough</i> did the violation take place?															
Individual people who discriminated against you: <table style="width: 100%;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;">Title/Role: _____</td> </tr> <tr> <td>Name: _____</td> <td>Title/Role: _____</td> </tr> <tr> <td>Name: _____</td> <td>Title/Role: _____</td> </tr> <tr> <td>Name: _____</td> <td>Title/Role: _____</td> </tr> <tr> <td>Name: _____</td> <td>Title/Role: _____</td> </tr> <tr> <td>Name: _____</td> <td>Title/Role: _____</td> </tr> </table>				Name: _____	Title/Role: _____	Name: _____	Title/Role: _____	Name: _____	Title/Role: _____	Name: _____	Title/Role: _____	Name: _____	Title/Role: _____	Name: _____	Title/Role: _____
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Name: _____	Title/Role: _____														
Name: _____	Title/Role: _____														
Name: _____	Title/Role: _____														
Name: _____	Title/Role: _____														
If you need more space, please list them on a separate piece of paper.															
4. Date of alleged discrimination															
The most recent act of discrimination happened on: _____ _____ _____ <div style="text-align: center;"> month day year </div>															

5. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age Please specify: _____	<input type="checkbox"/> Disability: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, including the Status of Being Transgender	<input type="checkbox"/> Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Religion: Please specify: _____
<input type="checkbox"/> Sex Please specify: _____	<input type="checkbox"/> Sexual Orientation: Please specify: _____
	<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog

If you believe you (or your child) were treated differently after you (or your child) filed or helped someone file a discrimination complaint, acted as a witness to a discrimination complaint, or reported unlawful discrimination, check below:

☐ **Retaliation:** How you opposed discrimination: _____

If you believe you (or your child) were discriminated against because of your (or your child's) relationship or association with a member or members of a protected category listed above, indicate the relevant category above, and check below.

☐ **Relationship or Association**

6. Acts of alleged discrimination: What did the educational institution you are complaining against do?

Check all that apply

<input type="checkbox"/> Denied admission to an educational institution	<input type="checkbox"/> Denied access to educational facilities
<input type="checkbox"/> Bullying or harassment on any basis indicated above	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Denied equal terms, conditions or privileges as an applicant or student	<input type="checkbox"/> Discriminated against because of use of a professionally trained guide, hearing or service dog
<input type="checkbox"/> Other: _____	

7. Description of alleged discrimination

Please tell us more about each act of discrimination that you (or your child) experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY. You may also write “see attached” and attach a typed description.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard piece of stationery used for writing or drawing.

*If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.***

Signature (Declaration or Oath)

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL _____

Human Rights Law § 297.1 requires that a complaint filed with the Division of Human Rights must be “under oath or by declaration.” **You must complete either the “declaration” or “oath” sections below.** The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this ____ day of _____ (month), _____ (year) at _____ (city), _____ (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

[Complainant name]

OATH

STATE OF NEW YORK)
COUNTY OF) SS:

_____, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believes the same to be true.

Complainant signature

Subscribed and sworn to
before me this day
of , 20

Signature of Notary Public

Please note: Once this form is completed and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.

Additional Information, Page 1: *This page is for the Division's records and **will not be sent to the company or person(s) whom you are filing against.***

1. Contact information

My primary telephone number:

My secondary telephone number:

My date of birth:

(Required) My email address:

The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. Therefore, you are required to provide an email address, if you have one, and to keep us advised of any change of your email address. The Division will not use your email address for any non-case related matters.

Contact person *(Someone who does not live with you but will know how to contact you if we cannot reach you)*

Contact person's name:

Contact person's telephone number:

Contact person's address

Contact person's email address:

Contact person's relationship to me:

2. Special needs: I am in need of:

- ☐ Interpretation (if so what language?): _____
- ☐ Accommodations for a disability: _____
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence
- ☐ Other: _____

3. Settlement / Conciliation: To settle this complaint, I would accept: *(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, an end to the harassment, admission or readmission to the school, etc.?)*

4. Witnesses *(information about witnesses may be shared with the parties as necessary for the investigation)* The following people saw or heard the discrimination and can act as witnesses:

Name: _____

Title: _____

Telephone Number: () _____ - _____

Relationship to me: _____

What did this person witness?

Name: _____

Title: _____

Telephone Number: () _____ - _____

Relationship to me: _____

What did this person witness?

Additional Information, Page 2

5. The following information may be useful in the investigation of your complaint. Please note that it is not necessary for you to have complained about the discrimination before you file a complaint with the Division.

Did you report or complain about the discrimination to someone else? ☐ Yes ☐ No

If yes, how exactly did you complain about the discrimination? *(To whom did you complain?)*

Date you reported or complained about discrimination: _____ month _____ day _____ year

What happened after you complained?

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

If you are complaining about discrimination relating to race, national origin, religion, or gender, etc., please describe their races, national origins, religions, genders, etc..

7. Were other people treated better than you? How?

If you are complaining about discrimination relating to race, national origin, religion, or gender, etc., please describe their races, national origins, religions, genders, etc.
