

New York State Division of Human Rights Complaint Form

The Division of Human Rights investigates complaints of discrimination based on:

- **Age** (*if you are at least 18 years of age*)
- **Arrest Record**, *including youthful offender record or sealed conviction record*
- **Conviction Record**
- **Creed / Religion** (*religious belief, practice, or observance*)
- **Disability** (*a physical or mental condition*)
- **Pregnancy-Related Condition** (*a medical condition related to pregnancy or childbirth*)
- **Domestic Violence Victim Status**
- **Familial Status** (*if you are pregnant or have children under age 18 in the household*)
- **Genetic Predisposition** (*information from a genetic test*)
- **Harassment of Domestic Workers** (*if you are being sexually harassed or harassed because of your gender, race, national origin, or religion AND you are employed in the home or residence of another person for the purposes of housekeeping, childcare, companionship, or any other domestic service purpose*)
 - PLEASE CHECK HERE IF YOU ARE A DOMESTIC WORKER
- **Marital Status** (*single, married, separated, divorced, widowed*)
- **Military Status** (*including military reserves*)
- **National Origin** (*the country where you or your ancestors were born*)
- **Race/Color** (*because you are Asian, Black, White, etc.; includes ethnicity*)
- **Retaliation** (*if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above or below*)
- **Sex** (*based on the fact that you are a male or female, sexual stereotyping, sexual harassment, or pregnancy discrimination*)
- **Sexual Orientation** (*heterosexual, homosexual, bisexual, asexual, or perceived*)

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 Complaint Form

Instructions

If you would like to file a complaint with the Division of Human Rights:

- 1) Please fill out this form, answering all of the questions. If you are filling out the form on a computer, please print out the form when you are finished. **You will not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print.
- 2) After you fill out the form, please have this complaint form notarized (see Page 9). Please contact our office if you have questions about notarization. Notary services are available at the Division free of charge.
- 3) Attach copies of any documents that you think will help the Division investigate your case (pay stub, letter of termination, performance evaluation, disciplinary notice, etc.).
- 4) Return the **original, signed and notarized** complaint form to the regional office closest to you (see Page 10). You may return the complaint by **mail or personal delivery.**
- 5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

Please feel free to visit our website at ***www.dhr.ny.gov***

If you have any questions, want information, or need help filling out the form, please call one of our offices (see Page 10) to speak to a staff member or make an appointment for a personal meeting.

New York State Division of Human Rights Complaint Form

CONTACT INFORMATION

My contact information:

Name: _____

Address: _____ Apt or Floor #: _____

City: _____ State: _____ Zip: _____

REGULATED AREAS

I believe I was discriminated against in the area of:

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education | <input type="checkbox"/> Volunteer firefighting |
| <input type="checkbox"/> Apprentice Training | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Public Accommodations
<i>(Restaurants, stores, hotels, movie theaters amusement parks, etc.)</i> | <input type="checkbox"/> Housing | <input type="checkbox"/> Labor Union, Employment Agencies |
| <input type="checkbox"/> Commercial Space | | <input type="checkbox"/> Internship |

I am filing a complaint against:

Company or Other Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____
(area code)

Individual people who discriminated against me:

Name: _____ Name: _____

Title: _____ Title: _____

DATE OF DISCRIMINATION

The most recent act of discrimination happened on: _____
month day year

DOMESTIC WORKERS



Please answer the questions on this page **only if you are a domestic worker**. If you are not a domestic worker, please skip this page and turn to the next page.

The Human Rights Law protects you if you are being sexually harassed or harassed because of your gender, race, national origin, or religion AND you are employed in the home or residence of another person for the purposes of housekeeping, childcare, companionship, or any other domestic service purpose

Do you live in your employer's home? Yes No

If yes, please be sure to fill out the information on Page 11 and provide the name of another person who does not live with you but will know how to contact you if the Division needs to reach you.

What did the person you are complaining against do?

Please check all that apply.

- Harassed me because of my race or color Harassed me because of my national origin
 Harassed me because of my religion Harassed me because of my gender/sex
 Sexually harassed me

Other protections for Domestic Workers:

As a domestic Worker, you are also entitled to certain protections in the following areas:

- **Minimum Wage** (the lowest hourly wage under the law)
- **Day of Rest** (the amount of time off that you should have each week)
- **Paid Vacation** (the amount of time off that you should have each year)
- **Overtime Pay** (extra money that you receive for working extra hours)
- **Disability Benefits** (payments if you can't work because of illness or injuries)

If you have questions about these topics, please contact:

New York State Department of Labor

(518) 457-9000

(888) 4-NYSDOL / (888-469-7365)

TTY/TDD (800) 662-1220

www.labor.ny.gov



When you have finished answering these questions, please turn to Page 8.

BASIS OF DISCRIMINATION

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

<input type="checkbox"/> Age <i>(Does not apply to Public Accommodations)</i> Date of Birth:	<input type="checkbox"/> Genetic Predisposition <i>(Employment only)</i> Please specify:
<input type="checkbox"/> Arrest Record <i>(Only for Employment, Licensing, and Credit)</i> Please specify:	<input type="checkbox"/> Marital Status Please specify:
<input type="checkbox"/> Conviction Record <i>(Employment and Credit only)</i> Please specify:	<input type="checkbox"/> Military Status: Please specify:
<input type="checkbox"/> Creed / Religion Please specify:	<input type="checkbox"/> National Origin Please specify:
<input type="checkbox"/> Disability Please specify:	<input type="checkbox"/> Race/Color or Ethnicity Please specify:
<input type="checkbox"/> Pregnancy-Related Condition: Please specify:	<input type="checkbox"/> Sex Please specify: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Domestic Violence Victim Status: <i>(Employment only)</i> Please specify:	<input type="checkbox"/> Sexual Orientation Please specify:
<input type="checkbox"/> Familial Status <i>(Does not apply to Public Accommodations or Education)</i> Please specify:	<input type="checkbox"/> Retaliation <i>(if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above)</i> Please specify:



Before you turn to the next page, please check this list to make sure that you provided information **only** for the type of discrimination that relates to your complaint.

HOUSING DISCRIMINATION

Please answer the questions on this page only if you were discriminated against in the area of housing. If not, turn to the next page.

Who discriminated against you?

- Builder Bank or other lender Manager / Superintendent
 Owner / Landlord Salesperson Other: _____
 Co-op Board Condo Association

What kind of property was involved?

- Single-family house Mobile home Building with 2-4 apartments
 Two-family house Commercial Space Building with 5 or more apartments
 Other: _____

Does the owner live on the property? Yes No

Was this property being sold or being rented?

- Being sold Being rented

Address of property:

Address: _____ Apt or Floor #: _____

City: _____ State: _____ Zip: _____

Are you currently living there?

- Yes No

ACTS OF DISCRIMINATION

What did the person you are complaining against do? Please check all that apply.

- Refused to rent or sell to me
 Evicted me / threatened to evict me
 Denied me access for my disability
 Denied me equal terms, privileges, or facilities that other tenants were given
 Discriminated against me in lending or financing
 Advertised in a discriminatory way
 Harassed me based on my sex, national origin, race, disability, etc.
 Other: _____

NOTARIZATION OF THE COMPLAINT

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing),as applicable. This complaint will protect your rights under Federal Law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained the in aforementioned 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.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Sign your full legal name

Subscribed and sworn before me
This day of , 20

Signature of Notary Public

County: Commission expires:

Please note: Once this form is notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.

NYS Division of Human Rights Offices

If you wish to contact the Division, please contact the office closest to you.

Headquarters:

NYS Division of Human Rights
One Fordham Plaza, 4th Floor
Bronx, NY 10458

Albany

NYS Division of Human Rights
Agency Building 1, 2nd Floor
Empire State Plaza
Albany, New York 12220
Telephone No. (518) 474-2705

Binghamton

NYS Division of Human Rights
44 Hawley Street, Room 603
Binghamton, New York 13901
Telephone No. (607) 721-8467

Brooklyn

NYS Division of Human Rights
55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone No. (718) 722-2385

Buffalo

NYS Division of Human Rights
Walter J. Mahoney State Office Bldg.
65 Court Street, Suite 506
Buffalo, New York 14202
Telephone No. (716) 847-7632

Long Island (Nassau)

NYS Division of Human Rights
175 Fulton Avenue, Suite 404
Hempstead, New York 11550
Telephone No. (516) 539-6848

Long Island (Suffolk)

NYS Division of Human Rights
New York State Office Building
250 Veterans Memorial Highway, Suite 2B-49
Hauppauge, New York 11788
Telephone No. (631) 952-6434

Manhattan

NYS Division of Human Rights
Adam Clayton Powell State Office Building
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone No. (212) 961-8650

Rochester

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

Syracuse

NYS Division of Human Rights
333 E. Washington Street, Room 543
Syracuse, New York 13202
Telephone No. (315) 428-4633

White Plains

NYS Division of Human Rights
7-11 South Broadway, Suite 314
White Plains, New York 10601
Telephone No. (914) 989-3120

Office of Sexual Harassment Issues

NYS Division of Human Rights
55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone No. (718) 722-2060

ADDITIONAL INFORMATION

The next three pages are for the Division's records and **will not be sent out** with the rest of your complaint.

Contact information

My primary telephone number:

My secondary telephone number:

(area code) _____
____ home phone
____ work phone
____ cell phone
____ other _____

(area code) _____
____ home phone
____ work phone
____ cell phone
____ other: _____

My email address: _____

Last four digits of my Social Security number: _____

Contact person (*someone who does not live with you but will know how to contact you if the Division cannot reach you*):

Name: _____

Telephone number: _____
(area code) _____

Relationship to me: _____

Special Needs

I am in need of: a) A translator (*if so, which language?*): _____

b) Accommodations for a disability: _____

c) Other: _____

Settlement / Conciliation:

To settle this complaint, I would accept: (*Please explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc?*)

Witnesses:

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness?: _____

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

If you have more witnesses, please write their names and information on a separate sheet of paper and attach it to this form. Please do not write on the back of this form.

Additional Details:

Did you report or complain about the discrimination to someone else?

(If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to a supervisor, a manager, the owner of the company, your human resources office, your union, your housing provider, the police, etc.).

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

How exactly did you complain about the discrimination?

(Who did you talk to about it? Who did you filed a report or make a formal written complaint or union grievance with? What did you say?)

What happened after you complained?

(Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)

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

Did the person you are complaining against touch you, hurt you, or physically harm you?

Yes No

If yes, please explain: _____

Examples of other people who were discriminated against in the same way as you were:

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

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

Examples of other people who were treated better than you were:

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.).

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