



## Boycott or Blacklisting 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) After you fill out the form, please have this complaint form notarized. Notary services are available at the Division free of charge. Notary services are also available at many banks, town halls, and law offices. If you have any questions about notarization, or you are unable to obtain notarization, please contact one of our offices (listed below) for further information.

3) Attach copies of any documents that you think will help the Division investigate your case.

4) Return the complaint form to the office closest to you. See below 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](mailto: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 and notarized complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the business you are charging with discrimination.

### Time Limit for Filing

Please note: You must file your complaint within **one year** of the most recent act of alleged discrimination.

***If you need further assistance or require an accommodation for a disability, please call or visit one of our offices, make an appointment, or visit our website at [www.dhr.ny.gov/complaint](http://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 No. (518) 474-2705

#### **Binghamton**

44 Hawley Street, Room 603  
Binghamton, New York 13901  
Telephone No. (607) 721-8467

#### **Bronx Central Office**

One Fordham Plaza, 4<sup>th</sup> Floor  
Bronx, NY 10458  
Telephone No. (718) 741-8400

#### **Brooklyn**

55 Hanson Place, Room 304  
Brooklyn, New York 11217  
Telephone No. (718) 722-2385

#### **Buffalo**

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

#### **Long Island (Nassau)**

50 Clinton Street, Suite 301  
Hempstead, New York 11550  
Telephone No. (516) 539-6848

#### **Long Island (Suffolk)**

250 Veterans Memorial Highway,  
Suite 2B-49  
Hauppauge, New York 11788  
Telephone No. (631) 952-6434

#### **Manhattan**

Adam Clayton Powell Jr. State Off. Bldg.  
163 West 125th Street, 4<sup>th</sup> Floor  
New York, New York 10027  
Telephone No. (212) 961-8650

#### **Office of Sexual Harassment Issues/Queens**

55 Hanson Place, Room 900  
Brooklyn, New York 11217  
Telephone No. (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**

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

**What does Boycott or Blacklist mean under the Human Rights Law?**

The boycott or blacklisting provisions of the Human Rights Law make it unlawful to “boycott or blacklist, or to refuse to buy from, sell to or trade with, or otherwise discriminate against any person,” because that person, or of that person’s “partners, members, stockholders, directors, officers, managers, superintendents, agents, employees, business associates, suppliers or customers” have any of the protected characteristics listed below. (Human Rights Law § 296.13)

Examples might include:

- refusal to deliver to, or to refusal to provide services to, a particular neighborhood because of racial or ethnic composition;
- refusal of a publication to accept advertising from businesses that are owned by persons of a particular race, ethnicity, sexual orientation, etc.;
- refusal by a business to utilize the cleaning or other services of a company because its staff includes racial minorities;
- any business tactic driven by discriminatory motive towards persons or groups of persons because of they have one or more of the protected characteristics listed below.

The Division of Human Rights investigates complaints of boycotting or blacklisting based on:
<b>Creed / Religion</b> (religious belief, practice, or observance; or because you do not have a religious belief)
<b>Disability</b> (a physical or mental condition)
<b>Familial Status</b> (if you are pregnant, have a child, or are in the process of obtaining custody of a child, or have a child or children under age 18 in your household)
<b>Gender Identity or Expression</b> (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)
<b>Military Status</b> (including military reserves, or being a veteran)
<b>National Origin</b> (the country where you or your ancestors were born)
<b>Race/Color</b> (because you are Asian, Black, White, mixed race, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)
<b>Sex</b> (because of your gender, includes sexual stereotyping, pregnancy)
<b>Sexual Orientation</b> (heterosexual, homosexual, bisexual, asexual, whether actual or perceived)
<b>Relationship or Association</b> (with a member or members of a protected category(ies) listed above)
The Division investigates boycott or blacklisting complaints only if the discrimination is based on one or more of the above reasons. The Division cannot investigate boycott or blacklisting 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.



**4. 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 category.

<input type="checkbox"/> <b>Creed/ Religion</b> Please specify: _____	<input type="checkbox"/> <b>Familial Status</b>
<input type="checkbox"/> <b>Disability</b> Please specify: _____	<input type="checkbox"/> <b>Military Status</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>	<input type="checkbox"/> <b>National Origin</b> Please specify: _____
<input type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify: _____	<input type="checkbox"/> <b>Sexual Orientation</b> Please specify: _____
	<input type="checkbox"/> <b>Sex</b> Please specify: _____

If you believe boycott or blacklisting occurred because you, or your business or organization, has partners, members, stockholders, directors, officers, managers, superintendents, agents, employees, business associates, suppliers or customers have one or more of the protected characteristics listed above, indicate the relevant categories above, and check below.

**Relationship or Association**



## Notarization of Complaint

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 \_\_\_\_\_**

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 completed, notarized, 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 remain confidential and will not be sent to the business 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. 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?

\_\_\_\_\_

