



Violation of Conciliation Agreement 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 (communications with the other party, documents that violate the terms of the conciliation, etc.).

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 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 company or person(s) whom you are charging with violating the conciliation agreement.

Time Limit for Filing

Please note: You must file your complaint within **one year** of the violation of the conciliation agreement.

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. 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, 4th 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, 4th 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 is covered by this complaint form?

If you previously filed a complainant with the New York State Division of Human Rights, and during the investigation your complaint was settled with a “Predetermination Conciliation Agreement and Order After Conciliation,” and if another party to the agreement has not complied with the terms of the agreement, you can file a complaint using this form. The Division will investigate and determine whether there has been a violation of the agreement, and take further action as necessary.

You cannot use this form to complain about violation of:

- a “Stipulation of Settlement” signed prior to, or during, a hearing at the Division
- a settlement obtained for you by the Equal Employment Opportunity Commission, or any other anti-discrimination agency
- a private settlement of your claims of discrimination, regardless of whether it was in connection with a prior filing with the Division.

However, you can contact the Division to discuss whether the violation of an agreement other than a Predetermination Conciliation Agreement may be a violation of the law in the form of retaliation for your prior complaint, or any other claims or complaints of discrimination you may have made. In that case, you can be assisted in filing a retaliation complaint.

Please feel free to call the Division to discuss your situation prior to filing this complaint.

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 violation of the agreement.

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 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: _____