



Domestic Workers Employment Discrimination Complaint Form

Instructions

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 immediately 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. 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. Please contact our office if you have questions about notarization (see below). 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 (emails or text messages with employer, photos, recordings, police reports, statements from witnesses/therapists, 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 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 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 No. (518) 474-2705

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

Office of Sexual Harassment
Issues/Queens
55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone No. (718) 722-2060

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

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

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

Bronx Central Office
One Fordham Plaza, 4th Floor
Bronx, NY 10458
Telephone No. (718) 741-8400

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

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

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

Manhattan
Adam Clayton Powell Jr. State Office Bldg.
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone No. (212) 961-8650

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

What is Covered by the Human Rights Law?

The Human Rights Law protects you if you are being sexually harassed or harassed because of your gender, gender identity or expression, 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.

Creed / Religion (religious belief, practice, or observance)

Gender (because of sexual stereotyping, sexual harassment, pregnancy discrimination)

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)

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 creed, gender, national origin or race/color)

The Division cannot investigate unfair treatment that does not involve sexual harassment or harassment based on one of the above 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.

Please be sure to fill out the Additional Information pages 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.

**New York State Division of Human Rights
Domestic Workers Employment Complaint Form**

1. Your contact information:		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
2. You are filing a complaint against:		
Employer Name		
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:		
Name: _____	Title: _____	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		
3. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on: _____ _____ _____		
month day year		
4. How many employees does this employer have? _____		
5. Are you currently working with the employer you are filing against? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes. Date of hire: _____ _____ _____ <div style="text-align: center; margin-left: 100px;">month day year</div>		
<input type="checkbox"/> No. Last day of work: _____ _____ _____ <div style="text-align: center; margin-left: 100px;">month day year</div>		
6. Do you, or did you ever, live in your employer's home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Basis of alleged discrimination:		
Check ONLY the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.		
<input type="checkbox"/> Creed/ Religion Harassment: Identify: _____	<input type="checkbox"/> Gender/Sex Harassment: Identify: _____	
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender		

Notarization of 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.

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.

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

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 email address: _____

My date of birth: _____

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: () _____ - _____

Address: _____

Email address: _____

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, your job back, lost wages, an end to the harassment, 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?

5. 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, please describe their races, national origins, religions, genders.

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

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