



# Domestic Workers Employment Harassment 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. 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 (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](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 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 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 Office Bldg.  
163 West 125<sup>th</sup> 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 is Covered by the Human Rights Law?

The Human Rights Law protects you if you are employed in the home or residence of another person for the purpose of cleaning, food service, childcare, shopping, driving, or any other domestic service purpose and you are **sexually harassed or harassed because of any of the following characteristics**. You are also protected from any adverse action was taken against, such as termination, because you complained about harassment.

**Age**

**Creed / Religion** (religious membership, belief, practice, or observance; or harassment because you do not have a religious belief)

**Disability** (a physical or mental condition)

**Familial Status** (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)

**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)

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

**Military Status** (including military reserves, or you are a veteran)

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

**Predisposing Genetic Characteristics** (information from a genetic test)

**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)

**Sex** (because of your gender, includes sexual stereotyping and pregnancy)

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

**Victim of Domestic Violence** (you were, or your child was, a victim of domestic violence)

**Retaliation** (if you were harassed, or had any other action taken against you such as termination, because you complained about harassment, filed a discrimination case before, were a witness or helped someone else with a discrimination case, or opposed or reported unlawful discrimination)

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

**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 Harassment 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 minor's interests must file on behalf of a domestic worker under the age of 18.

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
If you are filing on behalf of a person under the age of 18 for whom you have legal authority to act, provide the name of that person:	Relationship:	Date of birth:
<b>2. You are filing a complaint against:</b> (If you wish to file against the person(s) receiving the services <b>and</b> a placement agency, please file two separate complaints; use the employment complaint form for the placement agency.)		
Person(s) receiving the domestic services:		
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.		
<b>3. Date of alleged discrimination (must be within one year of filing):</b>		
The most recent act of discrimination happened on:     _____     _____     _____		
	month	day     year
<b>4. Are you currently working for the employer you are filing against?</b>		
<input type="checkbox"/> Yes. Date of hire:	_____	_____
	month	day     year
<input type="checkbox"/> No. Last day of work:	_____	_____
	month	day     year

**5. Basis of alleged harassment:**

Check **ONLY** the boxes that you believe were the reasons for the harassment. Please look at page 2 of "Instructions" for an explanation of each category.

<input type="checkbox"/> <b>Age</b>	<input type="checkbox"/> <b>Marital Status</b>
<input type="checkbox"/> <b>Creed/ Religion</b> Please specify: _____	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> <b>Disability</b> Please specify: _____	<input type="checkbox"/> <b>National Origin</b> Please specify: _____
<input type="checkbox"/> <b>Domestic Violence Victim Status</b>	<input type="checkbox"/> <b>Predisposing Genetic Characteristic</b>
<input type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>	<input type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify: _____
<input type="checkbox"/> <b>Familial Status</b>	<input type="checkbox"/> <b>Sexual Orientation</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>Sex (includes pregnancy):</b> Please specify: _____

If you believe you were harassed, or any adverse action was taken against, such as termination, because you complained about harassment, filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported unlawful discrimination, check below:

**Retaliation:** How did you oppose or report discrimination: \_\_\_\_\_

If you believe you were harassed because of your 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**



## 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. (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 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: *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, compensation, 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?

