



Employment (Includes Licensing, Internships, & Volunteer Firefighting) Discrimination 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. 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 (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the original complaint form to the regional office closest to you. See below for the list of office locations. You may return the complaint by mail or in person.

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 were terminated, you must file within one year of the date you were first informed you would be terminated.

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

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

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

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

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

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

Syracuse
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

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 Division of Human Rights investigates complaints of discrimination based on:

Age (if you are at least 18 years of age)

Arrest Record (that was resolved in your favor or youthful offender record or sealed conviction record)

Conviction Record (only for private employers; against public employers, you must file directly in state court)

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

Disability (a physical or mental condition, including conditions related to gender identity or denial of reasonable accommodation)

Denial of Use of Guide Dog, Hearing Dog, or Service Dog

Pregnancy-Related Condition (a medical condition related to pregnancy or childbirth or denial of reasonable accommodation of such condition)

Domestic Violence Victim Status

Familial Status (if you are pregnant, are a parent of child under 18, or have a child under age 18 in the household)

Predisposing Genetic Characteristics (information from a genetic test)

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, were a witness or helped someone else with a discrimination case, or opposed or reported discrimination due to race, sex, or any other category listed on this page)

Sex (because of your gender, includes sexual stereotyping, sexual harassment, pregnancy, gender identity or transgender status)

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

Relationship or Association (with a member or members of a protected category covered under the relevant provisions of the Human Rights Law)

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.

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"/> Age: Date of Birth: _____	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<input type="checkbox"/> Arrest Record (<i>resolved in your favor or youthful offender record or sealed conviction record</i>)	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Familial Status: Please specify: _____	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Marital Status: Please specify: _____	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How you did you oppose discrimination: _____

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Denied me services/treated differently by employment agency
<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other:

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.

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). This complaint will protect my 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.

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 remain confidential 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:	Date of birth:
Contact person: <i>(Someone who does not live with you but will know how to contact you if the Division cannot reach you)</i>	
Name: _____	
Telephone number: () -	
Address: _____	
Email address: _____	
Relationship to me: _____	
2. Special Needs	
I am in need of:	
<input type="checkbox"/> Interpretation (if so what language?): _____	
<input type="checkbox"/> Accommodations for a disability: _____	
<input type="checkbox"/> Privacy. Keep my contact information confidential as I am a victim of domestic violence	
<input type="checkbox"/> Other: _____	
3. Settlement / Conciliation	
To settle this complaint, I would accept: <i>(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.?)</i>	

4. Witnesses <i>(information about witnesses may be shared with the parties as necessary for the investigation)</i>	
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?

(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, religions, etc.

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

(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, etc.).

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