

# New York State Division of Human Rights Complaint Form

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 adjourned in contemplation of dismissal or youthful offender record or sealed conviction record*)
- **Conviction Record**
- **Creed / Religion** (*religious belief, practice, or observance*)
- **Disability** (*a physical or mental condition*)
- **Pregnancy-Related Condition** (*a medical condition related to pregnancy or childbirth*)
- **Domestic Violence Victim Status**
- **Familial Status** (*if you are pregnant or have children under age 18 in the household*)
- **Genetic Predisposition** (*information from a genetic test*)
- **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*)
- **Harassment of Domestic Workers** (*if you are being sexually harassed or harassed because of your gender, 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*)
  - PLEASE CHECK HERE IF YOU ARE A DOMESTIC WORKER
- **Lawful Source of Income** (*includes, but is not limited to, child support, alimony, foster care subsidies, social security benefits, or any type of public assistance or housing assistance, including Section 8 and other housing vouchers*)
- **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; includes traits historically associated with race such as hair texture or hairstyle*)
- **Retaliation** (*if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above or below*)
- **Sex** (*based on the fact that you are male or female, sexual stereotyping, sexual harassment, or pregnancy discrimination*)
- **Sexual Orientation** (*heterosexual, homosexual, bisexual, asexual, or perceived*)

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.

# New York State Division of Human Rights Complaint Form

## Instructions

### **If you would like to file a complaint with the Division of Human Rights:**

- 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 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.
- 2) After you fill out the form, please have this complaint form notarized (see Page 9). Please contact our office if you have questions about notarization. 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 stub, letter of termination, performance evaluation, disciplinary notice, etc.).
- 4) Return the **original, signed and notarized** complaint form to the regional office closest to you (see Page 10). You may return the complaint by **mail or personal delivery.**
- 5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

Please feel free to visit our website at ***www.dhr.ny.gov***

***If you have any questions, want information, or need help filling out the form, please call one of our offices (see Page 10) to speak to a staff member or make an appointment for a personal meeting.***

# New York State Division of Human Rights Complaint Form

## **CONTACT INFORMATION**

### **My contact information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt or Floor #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **REGULATED AREAS**

### **I believe I was discriminated against in the area of:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment  | <input type="checkbox"/> Education               | <input type="checkbox"/> Volunteer firefighting           |
| <input type="checkbox"/> Apprentice Training   | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit                           |
| <input type="checkbox"/> Public Accommodations<br><i>(Restaurants, stores, hotels, movie theaters amusement parks, etc.)</i> | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Labor Union, Employment Agencies |
| <input type="checkbox"/> Commercial Space  |  | <input type="checkbox"/> Internship                       |

### **I am filing a complaint against:**

Company or Other Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(area code)

### **Individual people who discriminated against me:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

## **DATE OF DISCRIMINATION**

The most recent act of discrimination happened on: \_\_\_\_\_  
month day year

# DOMESTIC WORKERS



Please answer the questions on this page **only if you are a domestic worker**. If you are not a domestic worker, please skip this page and turn to the next page.

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

Do you live in your employer's home?  Yes  No

*If yes, please be sure to fill out the information on Page 11 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.*

**What did the person you are complaining against do?**

*Please check all that apply.*

- Harassed me because of my race or color  Harassed me because of my national origin  
 Harassed me because of my religion  Harassed me because of my gender/sex  
 Sexually harassed me

**Other protections for Domestic Workers:**

As a domestic Worker, you are also entitled to certain protections in the following areas:

- **Minimum Wage** (the lowest hourly wage under the law)
- **Day of Rest** (the amount of time off that you should have each week)
- **Paid Vacation** (the amount of time off that you should have each year)
- **Overtime Pay** (extra money that you receive for working extra hours)
- **Disability Benefits** (payments if you can't work because of illness or injuries)

If you have questions about these topics, please contact:

**New York State Department of Labor**

(518) 457-9000

(888) 4-NYSDOL / (888-469-7365)

TTY/TDD (800) 662-1220

[www.labor.ny.gov](http://www.labor.ny.gov)



When you have finished answering these questions, please turn to Page 8.

## **BASIS OF DISCRIMINATION**

Please tell us why you were discriminated against by checking one or more of the boxes below.



You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

**Please note:** Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Domestic Violence Victim Status is a basis only in Employment complaints). These exceptions are listed next to the types of discrimination below.

### **I believe I was discriminated against because of my:**

<input type="checkbox"/> <b>Age</b> <i>(Does not apply to Public Accommodations)</i> Date of Birth:	<input type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>
<input type="checkbox"/> <b>Arrest Record</b> <i>(Only for Employment, Licensing, and Credit)</i> Please specify:	<input type="checkbox"/> <b>Lawful Source of Income</b> <i>(Only for Housing)</i> Please specify:
<input type="checkbox"/> <b>Conviction Record</b> <i>(Employment and Credit only)</i> Please specify:	<input type="checkbox"/> <b>Marital Status</b> Please specify:
<input type="checkbox"/> <b>Creed / Religion</b> Please specify:	<input type="checkbox"/> <b>Military Status:</b>  <input type="checkbox"/> <b>Active Duty</b> <input type="checkbox"/> <b>Reserves</b> <input type="checkbox"/> <b>Veteran</b>
<input type="checkbox"/> <b>Disability</b> Please specify:	<input type="checkbox"/> <b>National Origin</b> Please specify:
<input type="checkbox"/> <b>Pregnancy-Related Condition:</b> Please specify:	<input type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify: <input type="checkbox"/> <b>Traits historically associated with race such as hair texture or hairstyle</b>
<input type="checkbox"/> <b>Domestic Violence Victim Status:</b> <i>(Employment only)</i> Please specify:	<input type="checkbox"/> <b>Sex</b> Please specify: _____ <input type="checkbox"/> <b>Pregnancy</b> <input type="checkbox"/> <b>Sexual Harassment</b>
<input type="checkbox"/> <b>Familial Status</b> <i>(Does not apply to Public Accommodations or Education)</i> Please specify:	<input type="checkbox"/> <b>Sexual Orientation</b> Please specify:
<input type="checkbox"/> <b>Genetic Predisposition</b> <i>(Employment only)</i> Please specify:	<input type="checkbox"/> <b>Retaliation</b> <i>(if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above)</i> Please specify:



## HOUSING DISCRIMINATION

Please answer the questions on this page only if you were discriminated against in the area of housing. If not, turn to the next page.

### Who discriminated against you?

- Builder                       Bank or other lender                       Manager / Superintendent  
 Owner / Landlord                       Salesperson                       Other: \_\_\_\_\_  
 Co-op Board                       Condo Association

### What kind of property was involved?

- Single-family house                       Mobile home                       Building with 2-4 apartments  
 Two-family house                       Commercial Space                       Building with 5 or more apartments  
 Other: \_\_\_\_\_

Does the owner live on the property?    Yes    No

### Was this property being sold or being rented?

- Being sold    Being rented

### Address of property:

Address: \_\_\_\_\_ Apt or Floor #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Are you currently living there?

- Yes                       No

## ACTS OF DISCRIMINATION

What did the person you are complaining against do? Please check all that apply.

- Refused to rent or sell to me  
 Evicted me / threatened to evict me  
 Denied me access for my disability  
 Denied me equal terms, privileges, or facilities that other tenants were given  
 Discriminated against me in lending or financing  
 Advertised in a discriminatory way  
 Harassed me based on my sex, national origin, race, disability, etc.  
 Other: \_\_\_\_\_



**NOTARIZATION OF THE 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.

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), or filing my housing/credit complaint with HUD under Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing),as applicable. This complaint will protect your 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 and/or to accept this complaint on behalf of the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained the in 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.

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 notarized and returned to the Division, it becomes a legal document and an official complaint with the Division of Human rights. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are accusing of discrimination.***

## **NYS Division of Human Rights Offices**

*If you wish to contact the Division, please contact the office closest to you.*

### **Headquarters:**

NYS Division of Human Rights  
One Fordham Plaza, 4<sup>th</sup> Floor  
**Bronx, NY 10458**

### **Albany**

NYS Division of Human Rights  
Agency Building 1, 2nd Floor  
Empire State Plaza  
Albany, New York 12220  
Telephone No. (518) 474-2705

### **Binghamton**

NYS Division of Human Rights  
44 Hawley Street, Room 603  
Binghamton, New York 13901  
Telephone No. (607) 721-8467

### **Brooklyn**

NYS Division of Human Rights  
55 Hanson Place, Room 304  
Brooklyn, New York 11217  
Telephone No. (718) 722-2385

### **Buffalo**

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

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

NYS Division of Human Rights  
50 Clinton Street, Suite 301  
Hempstead, New York 11550  
Telephone No. (516) 539-6848

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

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

### **Manhattan**

NYS Division of Human Rights  
Adam Clayton Powell State Office Building  
163 West 125th Street, 4th Floor  
New York, New York 10027  
Telephone No. (212) 961-8650

### **Rochester**

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

### **Syracuse**

NYS Division of Human Rights  
333 E. Washington Street, Room 543  
Syracuse, New York 13202  
Telephone No. (315) 428-4633

### **White Plains**

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

### **Office of Sexual Harassment Issues**

NYS Division of Human Rights  
55 Hanson Place, Room 900  
Brooklyn, New York 11217  
Telephone No. (718) 722-2060

**ADDITIONAL INFORMATION**

The next three pages are for the Division's records and **will not be sent out** with the rest of your complaint.

**Contact information**

My primary telephone number:

My secondary telephone number:

\_\_\_\_\_  
(area code) \_\_\_\_\_  
\_\_\_\_ home phone  
\_\_\_\_ work phone  
\_\_\_\_ cell phone  
\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_  
(area code) \_\_\_\_\_  
\_\_\_\_ home phone  
\_\_\_\_ work phone  
\_\_\_\_ cell phone  
\_\_\_\_ other: \_\_\_\_\_

My email address: \_\_\_\_\_

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: \_\_\_\_\_  
(area code)

Relationship to me: \_\_\_\_\_

**Special Needs**

I am in need of: a) A translator (if so, which language?): \_\_\_\_\_

b) Accommodations for a disability: \_\_\_\_\_

c) Other: \_\_\_\_\_

**Settlement / Conciliation:**

To settle this complaint, I would accept: (Please 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?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses:**

**The following people saw or heard the discrimination and can act as witnesses:**

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

What did this person witness?: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

What did this person witness? \_\_\_\_\_

*If you have more witnesses, please write their names and information on a separate sheet of paper and attach it to this form. Please do not write on the back of this form.*

**Additional Details:**

**Did you report or complain about the discrimination to someone else?**

*(If you told someone, filed a report or sent a letter about the discrimination, please indicate whether you went to a supervisor, a manager, the owner of the company, your human resources office, your union, your housing provider, the police, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

**Date you reported or complained about discrimination:** \_\_\_\_\_  
month day year

**How exactly did you complain about the discrimination?**

*(Who did you talk to about it? Who did you filed a report or make a formal written complaint or union grievance with? What did you say?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What happened after you complained?**

*(Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)*

\_\_\_\_\_  
\_\_\_\_\_

**If you did not report the discrimination, please explain why:**

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**Did the person you are complaining against touch you, hurt you, or physically harm you?**

Yes     No

***If yes, please explain:*** \_\_\_\_\_

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**Examples of other people who were discriminated against in the same way as you were:**

*(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, ages, religions, etc.*

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**Examples of other people who were treated better than you were:**

*(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, people who were allowed to stay in the store while you were told to leave, etc.).*

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

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