



Housing and Housing-Related Credit 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 with respondent, photos of inaccessible entrances, written statements from witnesses, etc.).

4) Return the complaint form to the Housing Investigations Unit, NYS Division of Human Rights, One Fordham Plaza, 4th Floor, Bronx, NY 10458. 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 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)

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

**Disability** (a physical or mental condition, including conditions related to gender identity and denial of reasonable accommodation of a disability, including the use of a companion animal)

**Denial of use of guide dog, hearing dog, or service dog**

**Familial Status** (if you are pregnant or have children under age 18 in the 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)

**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)

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

**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, 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)

**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.

## New York State Division of Human Rights Complaint Form

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
<b>2. Who discriminated against you?</b>		
<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> Condo Association	<input type="checkbox"/> Bank or Other Lender
<input type="checkbox"/> Manager/Superintendent	<input type="checkbox"/> Co-op Board	<input type="checkbox"/> Builder
<input type="checkbox"/> Public Housing Agency	<input type="checkbox"/> Real Estate Salesperson/ Real Estate Broker	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Temporary Housing/Shelter		
<b>3. You are filing a complaint against:</b>		
Name	Name	
Street Address/ PO Box	Street Address/ PO Box	
City State Zip Code	City State Zip Code	
Telephone Number: (     )     -     Ext.	Telephone Number: (     )     -     Ext.	
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>4. Where did the alleged discrimination occur?</b>		
Who owns the property involved? _____		
Who manages the property? (If applicable) _____		
What kind of property was involved?		
<input type="checkbox"/> Single-family house	<input type="checkbox"/> Mobile home	
<input type="checkbox"/> Two-family house	<input type="checkbox"/> Building with 2-4 apartments	
<input type="checkbox"/> Commercial space	<input type="checkbox"/> Building with 5 or more apartments	
<input type="checkbox"/> Other: _____		
Does the owner live on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
Does the owner own more than one property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> I don't know
Was this property being sold or being rented?	<input type="checkbox"/> Being sold	<input type="checkbox"/> Being rented <input type="checkbox"/> Not applicable
Are you currently living there?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What is the address of the property?  
 Address: \_\_\_\_\_ Apt. or Floor #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

**5. Date of alleged discrimination** (must be within one year of filing):  
 The most recent act of discrimination happened on: \_\_\_\_\_  
   month      day      year

**6. 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"/> <b>Age:</b> Date of Birth: _____	<input type="checkbox"/> <b>Marital Status</b> Please specify: _____
<input type="checkbox"/> <b>Arrest Record</b>	<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> <b>Creed/ Religion:</b> Please specify: _____	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<input type="checkbox"/> <b>Disability:</b> Please specify: _____ <input type="checkbox"/> Use of guide, hearing or service dog <input type="checkbox"/> Use of a companion animal	<input type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____ <input type="checkbox"/> Traits historically associated with race such as hair texture or hairstyle
<input type="checkbox"/> <b>Familial Status</b> Please specify: _____	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<input type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>	<input type="checkbox"/> <b>Sex:</b> Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> <b>Lawful Source of Income</b> Please specify: _____	

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

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

<input type="checkbox"/> Refused to rent or sell to me	<input type="checkbox"/> Denied me access based on my disability	<input type="checkbox"/> Discriminated against me because of use of a guide, hearing, or service dog
<input type="checkbox"/> Discriminated against me in lending or financing	<input type="checkbox"/> Advertised in a discriminatory way	<input type="checkbox"/> Evicted me Date of eviction: _____
<input type="checkbox"/> Denied me equal terms, privileges, or facilities that other tenants were given	<input type="checkbox"/> Harassed me based on my sex, national origin, race, disability, etc.	<input type="checkbox"/> Threatened to evict me Date of notice: _____
<input type="checkbox"/> Denied my request for a reasonable accommodation or modification for my disability, including use of a companion animal Date requested: _____	<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.

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: _____	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, access to public accommodation, reasonable accommodation for your disability, 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? _____ _____ _____	

**FOR INTERNAL USE ONLY:**  Referral to NYS Dept. of State  Referral to NYS Homes & Community Renewal

**5. FOR DISABILITY CASES ONLY:**

Have you been treated poorly or differently due to your disability?  Yes  No

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

Did you request a reasonable accommodation or modification for your disability?  Yes  No

When did you request a reasonable accommodation/modification? \_\_\_\_\_  
month day year

What was your request?  
\_\_\_\_\_  
\_\_\_\_\_

Who did you make the request to? \_\_\_\_\_  
Name Title

Were you granted the accommodation?  
\_\_\_\_\_  
\_\_\_\_\_

**6. Do you know of other people who were discriminated against in the same way as you were?**

Yes  No

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

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?  
\_\_\_\_\_  
\_\_\_\_\_