



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. 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 other communications 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 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. 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, 4th 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 125th Street, 4th 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 Division of Human Rights investigates complaints of housing and housing-related credit discrimination based on:

Age

Arrest Record (that was resolved in your favor or adjourned in contemplation of dismissal or youthful offender record or sealed conviction record; applies to all types of claims covered by this form except claims about vacant land or commercial space)

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

Disability (a physical or mental condition; includes denial of reasonable accommodation of a disability)

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; complaints involving the need for accommodation of gender dysphoria or other related medical condition can also be filed under disability)

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, or being 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)

Retaliation (because you filed a discrimination case before, were a witness or helped someone else with a discrimination case, or opposed or reported unlawful discrimination)

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

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

Use of guide dog, hearing dog, or service dog, or a service or companion animal (use of a professionally trained dog for a disability; or use of a service or companion animal that is not professionally trained but alleviates your disability as a reasonable accommodation)

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

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 Housing 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 child's interests must file on behalf of a person under the age of 18.

| | | |
|--|---|--|
| 1. Your contact information: | | |
| 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 or persons under the age of 18 for whom you have legal authority to act: | | I am filing for: <input type="checkbox"/> Self & other <input type="checkbox"/> Other person(s) only |
| Name(s): | Relationship(s): | Date(s) of birth: |
| 2. Who discriminated against you? | | |
| <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 | | |
| 3. You are filing a complaint against: | | |
| Name | Name | |
| Street Address/ PO Box | Street Address/ PO Box | |
| City State Zip Code | City State Zip Code | |
| Telephone Number: () - Ext. _____ | Telephone Number: () - Ext. _____ | |
| <i>If you are filing against more than two entities, please list on a separate piece of paper.</i> | | |
| Individual people who discriminated against you: | | |
| Name: _____ | Role/Title: _____ | |
| Name: _____ | Role/Title: _____ | |
| If you need more space, please list them on a separate piece of paper. | | |

4. Description of the property involved in the discrimination. (provide whatever information is available)

What is the address of the property?

Address: _____ Apt. or Floor #: _____

City: _____ State: _____ Zip code: _____

Who owns the property involved? _____

Who manages the property? (If applicable) _____

What kind of property was involved?

- Single-family house
- Two-family house
- Commercial space
- Land

- Mobile home
- Building with 2-4 apartments
- Building with 5 or more apartments
- Other: _____

Does the owner live on the property? Yes No I don't know

Does the owner own more than one property? Yes No I don't know

Was this property being sold or being rented? Being sold Being rented Not applicable

Are you currently living there? Yes No

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, and fill in specifics only for those reasons. 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"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| <input type="checkbox"/> Arrest Record (see page 2 of instructions for what is covered by the arrest provisions) | <input type="checkbox"/> Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran Duty |
| <input type="checkbox"/> Creed/ Religion: Please specify: _____ | <input type="checkbox"/> National Origin: Please specify: _____ |
| <input type="checkbox"/> Disability: Please specify: _____ | <input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Sexual Orientation: Please specify: _____ |
| <input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender | <input type="checkbox"/> Sex: Please specify: _____ |
| <input type="checkbox"/> Lawful Source of Income Please specify: _____ | |
| <input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog, or a Service or Companion Animal | |

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 unlawful discrimination, check below:

Retaliation: How you opposed discrimination: _____

If you believe you were discriminated against 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

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"/> Unable to access property or facilities due to my disability | <input type="checkbox"/> Threatened to evict me Date of notice, if applicable: _____ |
| <input type="checkbox"/> Discriminated against me in lending or financing | <input type="checkbox"/> Advertised in a discriminatory way | <input type="checkbox"/> Evicted me or attempt to evict me |
| <input type="checkbox"/> Denied me equal terms, privileges, or facilities that other tenants were given | <input type="checkbox"/> Harassed/intimidated (other than sexual harassment) on any basis indicated above | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Denied my request for a reasonable accommodation or modification for my disability (includes refusal to permit a service or companion animal) Date requested: _____ | <input type="checkbox"/> Discriminated against me because of use of a professionally trained guide dog, hearing dog, or service dog | |
| <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. (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: *(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, end to harassment, withdrawal of eviction, access to the property, reasonable accommodation for your disability, 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?

Additional Information, Page 2

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
(It is not necessary for you to report or complain about discrimination before filing with the Division.)

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?

