



Places of Public Accommodations 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. 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 with respondent, photos of inaccessible entrances or restrooms, discriminatory signs or advertisements, written statements from witnesses, 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 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 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

Buffalo

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

Brooklyn

55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone No. (718) 722-2385

Long Island (Nassau)

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

Long Island (Suffolk)

New York State Office Building
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

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 discrimination in places of public accommodation based on:

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 for disability)

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)

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)

Race/Color (because you are Asian, Black, White, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)

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 Service Animal (use of a professionally trained dog for a disability; or the use of a dog or miniature horse, even if not professionally trained, as a reasonable accommodation of disability consistent with federal standards for service animals under the Americans with Disabilities Act)

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)

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

With regard to **credit and insurance only:**

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

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
Public Accommodation Discrimination 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. Briefly describe the type of public accommodation you are filing against (e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.):		
3. You are filing a complaint against:		
Name		
Street Address/ PO Box		
City	State	Zip Code
Telephone Number: () -		
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.		
4. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on: _____ _____ _____ <div style="text-align: center; margin-left: 100px;"> month day year </div>		

5. 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"/> 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"/> Gender Identity or Expression, including the Status of Being Transgender	<input type="checkbox"/> Sex: Please specify: _____
<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"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	<input type="checkbox"/> Arrest record (credit and insurance only; see page 2 of instructions for what is covered by the arrest provisions)

Use of Guide Dog, Hearing Dog, or Service Dog, or a Service Animal meeting the ADA definition

If you believe you were treated differently because you filed or helped someone file a discrimination complaint, acted as a witness to a discrimination complaint, 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

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

<input type="checkbox"/> Denied access to public accommodation	<input type="checkbox"/> Discriminatory advertisement, communication, or notice
<input type="checkbox"/> Denied equal advantages, facilities and privileges of public accommodation	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Denied reasonable accommodation for disability	<input type="checkbox"/> Harassed/intimidated (other than sexual harassment) on any basis indicated above
<input type="checkbox"/> Denied reasonable accommodation regarding the use of a service animal (dog or miniature horse) in violation of federal standards under the Americans with Disabilities Act	<input type="checkbox"/> Discriminated against because of use of a professionally trained guide, hearing or service dog
<input type="checkbox"/> Other: _____	

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: *(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?

