



Boycott or Blacklisting 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) Notarization is no longer a requirement for this form. For those not wanting to use a notary, you can complete the declaration section after you fill out the form. The declaration option does not require notarization; you need only fill in the blanks with the date and your location (city, state), and sign the declaration. The oath section is still available, but if you use this option you will need to sign in front of a notary.

3) Attach copies of any documents that you think will help the Division investigate your case.

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 complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the business 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

Main Place Tower
350 Main Street, 10th Floor, Suite 1000B
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 Off. 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 does Boycott or Blacklist mean under the Human Rights Law?

The boycott or blacklisting provisions of the Human Rights Law make it unlawful to “boycott or blacklist, or to refuse to buy from, sell to or trade with, or otherwise discriminate against any person,” because that person, or of that person’s “partners, members, stockholders, directors, officers, managers, superintendents, agents, employees, business associates, suppliers or customers” have any of the protected characteristics listed below. (Human Rights Law § 296.13)

Examples might include:

- refusal to deliver to, or to refusal to provide services to, a particular neighborhood because of racial or ethnic composition;
- refusal of a publication to accept advertising from businesses that are owned by persons of a particular race, ethnicity, sexual orientation, etc.;
- refusal by a business to utilize the cleaning or other services of a company because its staff includes racial minorities;
- any business tactic driven by discriminatory motive towards persons or groups of persons because of they have one or more of the protected characteristics listed below.

The Division of Human Rights investigates complaints of boycotting or blacklisting based on:
Creed / Religion (religious belief, practice, or observance; or because you do not have a religious belief)
Disability (a physical or mental condition)
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)
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, mixed race, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)
Sex (because of your gender, includes sexual stereotyping, pregnancy)
Sexual Orientation (heterosexual, homosexual, bisexual, asexual, whether actual or perceived)
Relationship or Association (with a member or members of a protected category(ies) listed above)
The Division investigates boycott or blacklisting complaints only if the discrimination is based on one or more of the above reasons. The Division cannot investigate boycott or blacklisting 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.

4. 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 category.

<input type="checkbox"/> Creed/ Religion Please specify: _____	<input type="checkbox"/> Familial Status
<input type="checkbox"/> Disability Please specify: _____	<input type="checkbox"/> Military Status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> National Origin Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity Please specify: _____	<input type="checkbox"/> Sexual Orientation Please specify: _____
	<input type="checkbox"/> Sex Please specify: _____

If you believe boycott or blacklisting occurred because you, or your business or organization, has partners, members, stockholders, directors, officers, managers, superintendents, agents, employees, business associates, suppliers or customers have one or more of the protected characteristics listed above, indicate the relevant categories above, and check below.

Relationship or Association

Signature (Declaration or Oath)

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 _____

Human Rights Law § 297.1 requires that a complaint filed with the Division of Human Rights must be “under oath or by declaration.” **You must complete either the “declaration” or “oath” sections below.** The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this ____ day of _____ (month), _____ (year) at _____ (city), _____ (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.

[Complainant name]

OATH

STATE OF NEW YORK)
COUNTY OF) SS:

_____, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believes the same to be true.

Complainant signature

Subscribed and sworn to
before me this day
of , 20

Signature of Notary Public

Please note: Once this form is completed 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 remain confidential and will not be sent to the business 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. 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?
