



Employment Discrimination Complaint Form
(Includes Licensing, Contract Work, Internships, Volunteer Position, Discrimination by a Union)

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 (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the complaint form to the office closest to you. See next page for the list of office locations. You may return the complaint by postal mail or personal delivery.

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 company or person(s) whom you are charging with discrimination.

Time Limit for Filing

FOR ACTS THAT OCCURRED BEFORE 2/15/2024, you must file your complaint within one year of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated.

If you are alleging sexual harassment in the workplace that occurred after 8/12/2020, you may file within three years from the most recent incident.

FOR ACTS THAT OCCURRED ON OR AFTER 2/15/2024, you must file your complaint within three years of the most recent act of alleged discrimination. If you were terminated, you must file within three years of the date you were first informed you would be terminated.

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: (518) 474-2705

Binghamton

44 Hawley Street, Room 603
Binghamton, New York 13901
Telephone: (607) 721-8467

Bronx Central Office

One Fordham Plaza, 4th Floor
Bronx, NY 10458
Telephone: (718) 741-8400

Brooklyn

55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone: (718) 722-2385

Buffalo

Main Place Tower, 350 Main Street,
10th Floor, Suite 1000B
Buffalo, New York 14202
Telephone: (716) 847-7632

Long Island (Nassau)

50 Clinton Street, Suite 301
Hempstead, New York 11550
Telephone: (516) 539-6848

Long Island (Suffolk)

250 Veterans Memorial Highway,
Suite 2B-49
Hauppauge, New York 11788
Telephone: (631) 952-6434

Manhattan

Adam Clayton Powell Jr. State Off. Bldg.
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone: (212) 961-8650

**Office of Sexual Harassment
Issues/Queens**

55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone: (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

Telephone: (914) 989-3120

What is Covered by the Human Rights Law?

The Division of Human Rights investigates complaints of employment discrimination based on:

Age (if you are at least 18 years of age; those under 18 are protected for all other characteristics listed below)

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

Citizenship or Immigration Status (meaning the citizenship of any person or the immigration status of any person who is not a citizen of the United States)

Conviction Record (only for private employers; against public employers, you must file directly in state court)

Creed / Religion (religious membership, belief, practice, or observance, including sabbath or holy day observance, or wearing of attire, clothing or facial hair in accordance with your religion; or discrimination because you do not have a religious belief)

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

Victim of Domestic Violence (you or your child was a victim of domestic violence; including reasonable accommodation in the form of leave time needed because of the domestic violence including medical, psychological, legal or other services, or for safety)

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)

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)

Pregnancy-Related Condition (a medical condition related to pregnancy or childbirth, including lactation, or denial of reasonable accommodation of such condition)

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 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)

Use of Guide Dog, Hearing Dog, or Service Dog (use of a professionally trained dog for a disability)

Relationship or Association (with a member or members of a protected categories 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 Employment Complaint Form

1. Your contact information:							
First Name:		Middle Initial/Name:					
Last Name:							
Street Address or PO Box:				Apt or Floor #:			
City:			State:			Zip Code:	
<p>Although people of all ages are protected, a parent, guardian or other person having legal authority to act in the minor's interests must file on behalf of a person under the age of 18. You may also file a complaint on behalf of another individual if you have power of attorney to file such a complaint. You cannot file on behalf of an individual if you are not their parent or legal guardian, or do not have legal authority to file on their behalf.</p>							
Name of the individual you are filing on behalf of:							
Your relationship to this individual (Please submit documentation for all relationships other than parent of a child under 18)							
<input type="checkbox"/> Guardian		<input type="checkbox"/> Trustee		<input type="checkbox"/> Executor		<input type="checkbox"/> Administrator	
<input type="checkbox"/> Parent (of a Child Under 18)		Child's Date of Birth: _____					
2. Regulated Areas: Check the area where the discrimination occurred. (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)							
<input type="checkbox"/> Employment (<i>including paid internship</i>)		<input type="checkbox"/> by a Labor Organization					
<input type="checkbox"/> Internship (<i>unpaid</i>)		<input type="checkbox"/> Apprentice Training					
<input type="checkbox"/> Contract Work (<i>independent contractor, or work for a contractor</i>)		<input type="checkbox"/> by a Temp or Employment Agency					
<input type="checkbox"/> Volunteer Position		<input type="checkbox"/> Licensing					
3. You are filing a complaint against: (Employer, Worksite, Agency or Union Name):							
Street Address or PO Box:							
City:			State:			Zip Code:	
Telephone Number:							
In what county or borough did the violation take place?							
4. Date of alleged discrimination:							
The most recent act of discrimination happened on: _____ (month/day/year)							

5. For employment and internships, how many employees does this company have?

<input type="checkbox"/> 1-14	<input type="checkbox"/> 15-19	<input type="checkbox"/> 20 or more	<input type="checkbox"/> Don't know
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6. Are you currently working for this company?

<input type="checkbox"/> Yes. Date of hire: _____ month day year	What is your position?	
<input type="checkbox"/> No. Last day of work: _____ month day year	What was your position?	
<input type="checkbox"/> I was never hired. Date of application: _____ month day year	What position did you apply for?	

7. 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"/> Familial Status:
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Citizenship or Immigration Status	<input type="checkbox"/> Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic:
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment

Use of Guide Dog, Hearing Dog, or Service Dog

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

Retaliation: How did you oppose 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 categories above, and check below.

Relationship or association

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

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<input type="checkbox"/> Other: _____

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.

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). This complaint will protect my 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.

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, signed, 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 remain confidential 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. Individual people who discriminated against you (If you need more space, please list them on a separate paper)

Name:

Title:

Name:

Title:

Name:

Title:

3. 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: _____

4. 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, job offer, return to the job, an end to the harassment, compensation, etc.?)*

Additional Information, Page Two

5. 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?	_____		

6. 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?

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

Additional Information, Page Three

7. Were other people treated the same as you? How?

(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, religions, etc.

8. Were other people treated better than you? How?

(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, etc.).

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