



Housing and Housing-related Credit Discrimination 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 (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.

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.

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 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)

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)

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)

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)

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, 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 (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 Housing 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"/> Power of Attorney | |
| <input type="checkbox"/> Parent (of a Child Under 18) Child's Date 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 or Real Estate Broker | | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Temporary Housing/Shelter | | | | | |
| 3. You are filing a complaint against: <i>(If you are filing against more than two entities, please list on a separate piece of paper)</i> | | | | | |
| | | | | | |
| 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. Description of the property involved in the discrimination. | | | | | |
|---|--|-------------------------------------|---|---|----------|
| What is the address of the property? <i>(Provide whatever information is available).</i> | | | | | |
| Street address: | | | | Apt. or floor #: | |
| City: | | | State: | | Zip code |
| Who owns the property involved? | | | | | |
| Who manages the property? (If applicable) | | | | | |
| <input type="checkbox"/> Single-family house <input type="checkbox"/> Two-family house <input type="checkbox"/> Commercial space <input type="checkbox"/> Land | | | <input type="checkbox"/> Mobile home <input type="checkbox"/> Building with 2-4 apartments <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 | | |

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"/> Lawful Source of Income Please specify: _____ |
| <input type="checkbox"/> Arrest Record | <input type="checkbox"/> Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran Duty |
| <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"/> Divorced <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Creed/ Religion: Please specify: _____ | |
| <input type="checkbox"/> Disability: Please specify: _____ | <input type="checkbox"/> National Origin: Please specify: _____ |
| <input type="checkbox"/> Domestic Violence Victim Status | <input type="checkbox"/> Predisposing Genetic Characteristic: |
| <input type="checkbox"/> Familial 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 |
| <input type="checkbox"/> 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: | |
| <input type="checkbox"/> 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. | |
| <input type="checkbox"/> 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 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: _____ | | |

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, 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, end to harassment, withdrawal of eviction, access to the property, reasonable accommodation for your disability, 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?

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?

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

9. FOR DISABILITY CASES ONLY:

Have you been treated poorly or differently due to your disability?
If yes, please explain:

Yes

No

Did you request a reasonable accommodation or modification for your disability?
If yes, what was your request:

Yes

No

Who did you make the request to?

Name

Title

Were you granted the accommodation? Please explain.

Yes

No
