



## Volunteer Firefighter 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 (letter denying membership or terminating your membership, disciplinary notices, etc.).

4) Return the complaint form to the office closest to you. See the 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 department 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](http://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 discrimination against volunteer firefighters based on:

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

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

**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)

**Marital Status** (single, married, separated, divorced, widowed)

**Military Status** (including military reserves, or you are 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)

**Retaliation** (if 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)

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

The Division investigates complaints by volunteer firefighters 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.



**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 type of discrimination.

<input type="checkbox"/> <b>Arrest Record</b> (see page 2 of instructions for what is covered by the arrest provisions)	<input type="checkbox"/> <b>Military Status</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> <b>Creed/ Religion</b> Please specify: _____	<input type="checkbox"/> <b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> <b>Gender Identity or Expression, Including the Status of Being Transgender</b>	<input type="checkbox"/> <b>National Origin</b> Please specify: _____
<input type="checkbox"/> <b>Race/Color or Ethnicity</b> Please specify: _____	<input type="checkbox"/> <b>Sexual Orientation</b> Please specify: _____
<input type="checkbox"/> <b>Familial Status</b>	<input type="checkbox"/> <b>Sex</b> Please specify: _____

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 unlawful discrimination, 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 category above, and check below.

**Relationship or association**

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

<input type="checkbox"/> Denied me membership	<input type="checkbox"/> Expelled me from membership	<input type="checkbox"/> Sexual harassment	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Denied me benefits of membership	<input type="checkbox"/> Otherwise discriminated against me (please specify): _____		



## 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 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, admission as a member, 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?

\_\_\_\_\_  
\_\_\_\_\_



