



STATE OF NEW YORK
EXECUTIVE DEPARTMENT
DIVISION OF HUMAN RIGHTS

COMPLAINT FORM

Please complete this form completely, sign it before a notary public, have it notarized, and return it to a New York State Division of Human Rights office, a list of which is attached hereto. (If filing on a downloaded complaint, please return the completed, notarized form to the New York State Division of Human Rights central office, One Fordham Plaza, 4th Floor, Bronx, NY 10458). For further information, and/or for assistance in filing a complaint, please refer to our website at www.dhr.state.ny.us, or call your local New York State Division of Human Rights office (see attached list).

1. PERSONAL DATA

First Name M.I. Last Name

Street Address and Apt. No.

City, State, Zip Code

Primary Telephone Number Secondary Telephone Number

2. JURISDICTION

I wish to file a complaint of discrimination in (*check only ONE*)

___ Employment (*The employer being charged must have four or more employees.*)

___ Housing

___ Public Accommodations

___ Credit

___ Educational Institutions

___ Volunteer Firefighters

___ Apprentice Training

___ Boycotting/Blacklisting

The most recent act of discrimination against me occurred on _____.
Month, Day, Year (*If the discrimination is still going on, use today's date.*)

3. BASIS

I believe that I am being discriminated against based on the following factor(s) *(Please check ALL that you believe apply, and be as specific as possible for each factor checked.):*

___ Age *(Please Specify Date of Birth _____)*

___ Arrest Record *(Only if Resolved in your Favor)*

___ Conviction Record _____

___ Creed/Religion _____

___ Disability/Perceived Disability/Past Disability

Please Describe One or More Disability _____

___ Genetic Pre-Disposition _____

___ Marital Status ___ Unmarried ___ Married ___ Separated ___ Divorced ___ Widowed

___ Military Status _____

___ National Origin _____

___ Race _____

___ Color _____

___ Sex ___ Male ___ Female

___ Sexual Orientation/Perceived Sexual Orientation _____

___ Retaliation for Opposing Discrimination

Please specify: this involves retaliation for opposing discrimination based on one of the categories listed above, such as by filing a discrimination case, being a witness in a discrimination case, and/or objecting to a discriminatory practice): _____

___ Violation of a Prior Order issued by the New York State Division of Human Rights.

Please Specify Date of Order, if known: _____

___ Familial Status (presence of children in the household) *For housing cases only*

4. RESPONDENT

Please provide information below regarding the party that discriminated against you ("Respondent").

Name of Firm, Organization, or Individual Against Whom you are Filing: *(If you are naming a co-worker, supervisor, agent, etc., please also name the firm or organization.)*

Street Address *(Usually a Business Address)*

City, State, Zip Code

Telephone Number

5. DESCRIPTION OF DISCRIMINATION

Please provide a brief description of the discrimination against you. Please try to be as specific as possible with respect to acts, dates, and names. Please write or print legibly, or attach a typed description.

6. EXECUTION OF COMPLAINT

Please read carefully before signing. Please be sure to sign this form in front of a notary public.

Based on the foregoing, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

If you wish to file your complaint with a Federal agency, as well as with the New York State Division of Human Rights, please check the line below. This will protect and preserve your rights under Federal law.

____ I also charge the above-named Respondent with violating the applicable Federal Statutes, if any, including but not limited to the Americans With Disabilities Act (covers disability related to employment); Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment); the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment); and/or Title VIII of the Federal Fair Housing Act, as amended (covers acts of discrimination in housing). I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Opportunity Commission, subject to the statutory limitations contained in the aforementioned law(s), and/or to forward it to the U.S. Department of Housing and Urban Development for review and additional filing by them, subject to the statutory limitations contained in the aforementioned law.

I have not commenced 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.

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 to
Before me this day
of ,20

Signature of Notary Public

ADDITIONAL INFORMATION

Please provide the names, addresses, and phone numbers for any possible witnesses, and what each person witnessed with respect to your charge:

What remedy are you seeking as a result of filing this complaint? _____

**New York State Division of Human Rights
One Fordham Plaza, 4th Floor
Bronx, New York 10458
Tel No. (718) 741-8400
TDD: (718) 741-8304**

<p>Headquarters</p> <p>New York State Division of Human Rights One Fordham Plaza, 4th Floor Bronx, New York 10458 Tel No. (718) 741-8400</p>	<p>Albany</p> <p>New York State Division of Human Rights Corning Tower , 25th Floor, Empire State Plaza , P.O. Box 2049 Albany, New York 12220 Tel No. (518) 474-2705 (or 2707)</p>
<p>Binghamton</p> <p>New York State Division of Human Rights 44 Hawley Street, Room 603 Binghamton, New York 13901 Telephone No. (607) 721-8467</p>	<p>Brooklyn</p> <p>New York State Division of Human Rights 55 Hanson Place, Room 304 Brooklyn, New York 11217 Telephone No. (718) 722-2856</p>
<p>Buffalo</p> <p>New York State Division of Human Rights The Walter J. Mahoney State Office Bld. 65 Court Street, Suite 506 Buffalo, New York 14202 Telephone No. (716) 847-7632</p>	<p>Manhattan (Lower)</p> <p>New York State Division of Human Rights 20 Exchange Place, 2nd Floor New York, New York 10005 Telephone No. (212) 480-2522</p>
<p>Manhattan (Upper)</p> <p>New York State Division of Human Rights Adam Clayton Powell State Office Building 163 West 125th Street, 4th Floor New York, New York 10027 Telephone No. (212) 961-8650</p>	<p>Long Island (Nassau)</p> <p>New York State Division of Human Rights 175 Fulton Avenue Hempstead, New York 11550 Telephone No. (516) 538-1360</p>
<p>Long Island (Suffolk)</p> <p>New York State Division of Human Rights State Office Building, Vet. Mem Bld Hauppauge, New York 11787 Telephone No. (631) 952-6434</p>	<p>Rochester</p> <p>New York State Division of Human Rights One Monroe Square, 259 Monroe Ave., Suite 308 Rochester, New York 14607 Telephone No. (585) 238-8250</p>
<p>Peekskill</p> <p>New York State Division of Human Rights 8 John Walsh Blvd. Suite 204 Peekskill, New York 10566 Telephone No. (914) 788-8050</p>	<p>Syracuse</p> <p>New York State Division of Human Rights 333 E. Washington Street, Room 443 Syracuse, New York 13202 Telephone No. (315) 428-4633</p>
<p>Office of AIDS Discrimination Issues</p> <p>New York State Division of Human Rights Office of AIDS Discrimination Adam Clayton Powell State Office Building 163 West 125th Street, 4th Floor New York, New York 10027 Telephone No. (212) 961-8312)</p>	<p>Office of Sexual Harassment Issues</p> <p>New York State Division of Human Rights Office of Sexual Harassment 55 Hanson Place, Suite 347 Brooklyn, New York 11217 Telephone No. (718)722-2060</p>