



## DISCRIMINATION COMPLAINT FORM

Please print the following information:

<b>NAME:</b>	
<b>SOCIAL SECURITY #:</b>	
<b>TITLE:</b>	
<b>LOCATION ADDRESS:</b>	
<b>SUPERVISOR:</b>	
<b>SHIFT:</b>	<b>DATE:</b>
<b>TELEPHONE #:</b>	

What is the alleged basis of discrimination? (Check all that apply)

<input type="checkbox"/> Age <input type="checkbox"/> Alienage/Citizenship <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin <input type="checkbox"/> Prior Arrest or Conviction <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Retaliation* <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Orientation
<b>*Retaliation for filing/assisting in an investigation of a complaint. State date/where filed/nature of complaint.</b>	

A) Please provide name, title and division of the person(s) you believe discriminated against you.

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B) Where did the alleged discrimination occur?

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C) Were there witnesses to the discrimination?  YES  NO  
(See confidential witness form) *Do not list witness names here.*

D) Please provide the name(s) and division/unit where the witness(es) is employed on the attached sheet marked – **CONFIDENTIAL**.

E) Did you report this incident to anyone? If so, please state the name, title, and division of the person to whom you reported it.

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F) Have you filed a complaint about the alleged discrimination with any of the following agencies? If so, please state the date and number of the complaint.

- New York City Commission on Human Rights
- New York State Division of Human Rights
- United States Equal Employment Opportunity Commission
- United States Department of Labor

Complaint Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

G) **On the next page (labeled G)**; please describe what happened to you, which you believe is unlawful discrimination, and how other persons were treated differently. *This statement may be amended to correct mistakes or omissions.*

H) What corrective action would you suggest/seek?

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I certify that I have read the above charge that it is true to the best of my knowledge, information, and belief. I have read the attached notice concerning my rights to file a complaint with federal, state, and local civil rights enforcement agencies.

Date: \_\_\_/\_\_\_/\_\_\_

Complainant's Signature: \_\_\_\_\_





For Use by EOA Office ONLY	
_____ vs. _____	
Complainant	Respondent
Case #	_____
Date Filed	_____

***CONFIDENTIAL***

Complainant's Name: \_\_\_\_\_

Complainant's Office Address: \_\_\_\_\_

Complainant's Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

***Witnesses***

Please provide the names, titles, divisions and telephone numbers of any witnesses to the unlawful discrimination.

Name	Title	Division/Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



# Notice

## YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS ENFORCEMENT AGENCIES

Any employee or applicant for employment that believes that he or she experienced unlawful discrimination has a right to file a formal complaint with federal, state and local agencies listed below. A person does not give up this right when he or she files a complaint with the Department of Homeless Services' EEO officer, or any of the Agency's EEO Counselors. The following federal, state and local agencies enforce laws against discrimination:

New York City Commission on Human Rights  
40 Rector Street  
New York, NY 10006  
(212) 306-7500  
(212) 306-7686 (TDD)

New York State Division of Human Rights  
163 West 125<sup>th</sup> Street, 4<sup>th</sup> Floor  
New York, NY 10027  
(212) 961-8650  
(212) 961-8999 (TDD)

-or-

20 Exchange Place, 2<sup>nd</sup> Floor  
New York, NY 10005  
(212) 480-2522

-or-

55 Hanson Place, 3<sup>rd</sup> Floor  
Brooklyn, NY 11217  
(718) 722-2856

United States Equal Employment Opportunity Commission  
New York District Office  
33 Whitehall Street, 5<sup>th</sup> Floor  
New York, NY 10004-2112

United States Department of Labor  
Office of Federal Contract Compliance Programs  
201 Varick Street, Room 750  
New York, NY 10014  
(212) 337-2007

