

**COMPLAINT OF ALLEGED DISCRIMINATION FORM**

**Complainant Information:**

Please complete every appropriate item and submit it as soon as possible after the incident of alleged discrimination or harassment to:

**EQUAL EMPLOYMENT OPPORTUNITY OFFICE**  
**Complaint Unit**  
**55 Water Street, 50<sup>th</sup> Floor**  
**New York, NY 10041**  
**Phone #: 929-305-3800**  
**Fax#: 718-935-3739**

- **A complaint must be filed within one year of the event which is the subject of the complaint.**
- This form should be used by individual(s) who are filing a complaint as well as individual(s) reporting a complaint on behalf of an employee.
- Please ***print clearly*** all requested information.
- Also attach additional pages and supporting documentation, if necessary.

Check () One:      ( Employee)      ( Applicant for Employment)      ( Reporter)      ( Other)

Your Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#    Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Department or Unit Head information:**

Name of Head of Site: _____
Title: _____
Office/District: _____
Site Address: _____
Site Phone#: _____

**Head of Site information**

**1. Check  below why you believe you were discriminated against.**

- |  |   |
|--|---|
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Partnership Status   |
| <input type="checkbox"/> Alienage/Citizenship Status | <input type="checkbox"/> Predisposing Genetic Characteristic                                  |
| <input type="checkbox"/> Arrest/Conviction           | <input type="checkbox"/> Race   |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Religion   |
| <input type="checkbox"/> Creed                       | <input type="checkbox"/> Retaliation (for asserting a claim of discrimination)                |
| <input type="checkbox"/> Disability                  | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Ethnicity/National Origin   | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Gender/Sex                  | <input type="checkbox"/> Status as a Victim of Domestic Violence, Sexual Offenses or Stalking |
| <input type="checkbox"/> Marital Status              | <input type="checkbox"/> Unemployment Status (for applicants only)                            |
| <input type="checkbox"/> Military Status             |   |

**2. Name(s)/title(s) of person(s) you believe engaged in discrimination.**

1. Name: _____	1. Title: _____	2. Name: _____	2. Title: _____
3. Name: _____	3. Title: _____	4. Name: _____	4. Title: _____

**3. Where did it take place?**  On Premises  Off Premises

**4. Date(s) on which alleged act(s) of discrimination occurred.**

Month: _____ Day _____ Year _____	Month: _____ Day _____ Year _____
Month: _____ Day _____ Year _____	Month: _____ Day _____ Year _____

**5. Explain what happened** *(cite names and evidence, if any, and attach extra pages if needed).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. What relief or corrective action are you seeking?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_