

## New York State Tug Hill Commission Sexual Harassment Complaint Form

**1. Your contact information:**

First Name:		Middle Initial/Name:	
Last Name:			
StreetAddress or PO Box:		Apt or Floor #:	
City:		State:	Zip Code:

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.**

Name of the individual you are filing on behalf of:	
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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. Regulated Areas:** Check the area where the discrimination occurred. (If you wish to file against multiple entities, for example employer and temp agency, please file a separate complaint against each.)

<input type="checkbox"/> Employment ( <i>including paid internship</i> ) <input type="checkbox"/> Internship ( <i>unpaid</i> ) <input type="checkbox"/> Contract Work ( <i>independent contractor, or work for a contractor</i> ) <input type="checkbox"/> Volunteer Position	<input type="checkbox"/> by a Labor Organization <input type="checkbox"/> Apprentice Training <input type="checkbox"/> by a Temp or Employment Agency <input type="checkbox"/> Licensing
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**3. You are filing a complaint against:** (Employer, Worksite, Agency or Union Name):

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Street Address or PO Box:			
City:		State:	Zip Code:
Telephone Number:			

In what <i>county or borough</i> did the violation take place?	
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**4. Date of alleged discrimination:**

The most recent act of discrimination happened on: _____ (month/day/year)
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**5. For employment and internships, how many employees does this company have?**

1-14  15-19  20 or more  Don't know

**6. Are you currently working for this company?**

Yes. Date of hire (month/day/year):

\_\_\_\_\_

What is your position?

No. Last Day of Work (month/day/year):

\_\_\_\_\_

What was your position?

I was never hired. Date of application (month/day/year): \_\_\_\_\_

What position did you apply for?

**7. Basis of alleged discrimination:** Check **ONLY** the boxes that you believe were the reasons for discrimination and fill in specifics only for those reasons.

**Age:**

Date of Birth: \_\_\_\_\_

**Familial Status:**

**Arrest Record**

**Military Status:**

Active Duty  Reserves  Veteran

**Citizenship or Immigration Status**

**Marital Status**

Single  Married  Separated  Divorced  Widowed

**Conviction Record**

**Creed/ Religion:**

Please specify: \_\_\_\_\_

**National Origin:**

Please specify: \_\_\_\_\_

**Disability:**

Please specify: \_\_\_\_\_

**Predisposing Genetic Characteristic:**

**Domestic Violence Victim Status**

**Pregnancy-Related Condition:**

Please specify: \_\_\_\_\_

**Gender Identity or Expression, Including the Status of Being Transgender**

**Sexual Orientation:**

Please specify: \_\_\_\_\_

**Race/Color or Ethnicity:**

Please specify: \_\_\_\_\_

Trait historically associated with race such as hair texture or hairstyle

**Sex:**

Please specify: \_\_\_\_\_

Specify if the discrimination involved:

Pregnancy  Sexual Harassment

**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:

**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:

**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 hire me	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Denied my request for an accommodation for my disability, or pregnancy-related condition	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for domestic violence	<input type="checkbox"/> Harassed or intimidated me on any basis indicated above
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Did not call back after lay-off	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Denied services or treated differently by a temp or employment agency
<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Denied a license by a licensing agency
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Discriminatory advertisement or inquiry or job application	<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.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned 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 believe 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, job offer, return to the job, an end to the harassment, 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?*)

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Date you reported or complained about discrimination (month/day/year):

What happened after you complained?

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If you did not report the discrimination, please explain why:

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**Additional Information, Page Three**

**7. Were other people treated the same as you? How?**

*(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).*

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

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**8. Were other people treated better than you? How?**

*(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).*

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

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