



New York State Employee Discrimination Complaint Form

Instructions: Use this form to file a claim of discrimination based on race, color, national origin, creed/religion, age, disability, military status, arrest/criminal conviction record, marital/familial status, predisposing genetic characteristics, pregnancy and related conditions, domestic violence victim status, citizenship or immigration status, gender/sex, sexual harassment, sexual orientation, gender identity, and/or retaliation.

Complete and return this form to the **Office of Employee Relations, Anti-Discrimination Investigations Division.**

Section 1: Complainant Information

Full Name		Preferred Email Address (for complaint related communications)	
<input type="text"/>		<input type="text"/>	
Agency/Employer	Title/Business Unit/Facility	Work Schedule (days/hours)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Work Location/Address		Work Phone #	
<input type="text"/>		<input type="text"/>	
Home Address		Personal Phone #	
<input type="text"/>		<input type="text"/>	

Section 2: Supervisory Information

Immediate Supervisor Name	Title
<input type="text"/>	<input type="text"/>
Work Location/Address	Work Phone #
<input type="text"/>	<input type="text"/>
2nd Level Supervisor Name	Title
<input type="text"/>	<input type="text"/>
Work Location/Address	Work Phone #
<input type="text"/>	<input type="text"/>

Section 3: Details of Claim

1. Your claim of discrimination is based upon (check all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Marital/Familial Status | <input type="checkbox"/> Gender/Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Predisposing Genetic Characteristics | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Military Status | <input type="checkbox"/> Pregnancy and Related Conditions | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Creed/Religion | <input type="checkbox"/> Arrest/Criminal Conviction Record | <input type="checkbox"/> Domestic Violence Victim Status | <input type="checkbox"/> Gender Identity |
| | | <input type="checkbox"/> Citizenship or Immigration Status | <input type="checkbox"/> Retaliation (for having engaged in a protected activity) |

2. Your claim of discrimination is made against:

Name 1	Title	
<input type="text"/>	<input type="text"/>	
Agency	Facility/Work Location	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Subordinate <input type="checkbox"/> Other → Please Specify: <input type="text"/>		

Name 2	Title	
<input type="text"/>	<input type="text"/>	
Agency	Facility/Work Location	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Subordinate <input type="checkbox"/> Other → Please Specify: <input type="text"/>		



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3. Date(s) discrimination occurred:

Is the discrimination continuing?

Yes No

4. Please describe the alleged discriminatory conduct and the reasons the conduct is discriminatory. Please include the names of witnesses, if any, and attach supporting documentation, if available. Attach additional pages, if necessary.

5. Have you filed a claim regarding this complaint with a federal, state, or local government agency?

Yes No

6. Have you instituted a legal suit or court action regarding this complaint?

Yes No

7. Have you hired an attorney with respect to the allegations in the complaint?

Yes No

8. This complaint form was completed by:

- Complainant
- Supervisor/Manager
- Anti-Discrimination Officer

Signature

Date

Return the completed form (by email or mail) to the Office of Employee Relations, Anti-Discrimination Investigations Division:

**Empire State Plaza
Agency Building 2
Albany, New York 12223
antidiscrimination@oer.ny.gov**