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 STATE OF NEW YORK
 OFFICE OF THE ATTORNEY GENERAL
 CIVIL RIGHTS BUREAU
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DISCRIMINATION COMPLAINT FORM

1. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
2. MAKE SURE YOU ENCLOSE COPIES (NOT ORIGINALS) OF IMPORTANT PAPERS CONCERNING YOUR COMPLAINT.

PERSON FILING COMPLAINT:

Your Name _____

Street Address _____

City/State/Zip _____

Phone _____

PERSON/ENTITY YOU ARE COMPLAINING ABOUT:

Name _____

Street Address _____

City/State/Zip _____

Phone _____

NATURE OF COMPLAINT:

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> HOUSING | <input type="checkbox"/> EDUCATION | <input type="checkbox"/> PLACE OF BUSINESS |
| <input type="checkbox"/> CREDIT/LENDING | <input type="checkbox"/> REPRODUCTIVE RIGHTS | | <input type="checkbox"/> OTHER _____ |

YOU WERE DISCRIMINATED AGAINST BECAUSE OF YOUR:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> RACE | <input type="checkbox"/> SEX | <input type="checkbox"/> RELIGION | <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> COLOR |
| <input type="checkbox"/> DISABILITY | <input type="checkbox"/> AGE | <input type="checkbox"/> SEXUAL ORIENTATION | <input type="checkbox"/> CREED | <input type="checkbox"/> MILITARY STATUS |
| <input type="checkbox"/> MARITAL STATUS | <input type="checkbox"/> GENETIC PREDISPOSITION | | <input type="checkbox"/> OTHER _____ | |

PLEASE EXPLAIN THE FACTS UNDERLYING YOUR COMPLAINT (feel free to attach additional pages):

(OVER)

ARE YOU AWARE OF OTHER INDIVIDUALS WHO MAY HAVE BEEN SUBJECTED TO THE ALLEGED DISCRIMINATORY CONDUCT? IF YES, PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS, IF POSSIBLE.

HAVE YOU SOUGHT OR RECEIVED ASSISTANCE FROM THE NEW YORK STATE DIVISION OF HUMAN RIGHTS OR ANY OTHER GOVERNMENT AGENCY? IF YES, PROVIDE NAMES, ADDRESSES, AND TELEPHONE NUMBERS, IF POSSIBLE.

ARE YOU REPRESENTED BY A PRIVATE ATTORNEY? IF YES, PROVIDE NAME, ADDRESS, AND TELEPHONE NUMBER.

IS A COURT ACTION OR ADMINISTRATIVE PROCEEDING PENDING? IF YES, PROVIDE THE CASE NUMBER AND A COPY OF THE COMPLAINT.

READ THE FOLLOWING BEFORE SIGNING BELOW:

NOTE: This complaint form is NOT the equivalent of filing a formal charge with the New York State Division of Human Rights (SDHR) or the Equal Employment Opportunity Commission (EEOC).

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public to enforce laws designed to protect the public from patterns and practices of discrimination or discriminatory policies. I also understand that this complaint form is not a lawsuit, but rather an informal charge by me that I have been discriminated against. I agree that the Attorney General's Office may use its discretion to determine whether an investigation is warranted and may need to contact the person/entity I am complaining about. If I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statement made in this complaint is punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: _____

Date: _____

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

**Return to: State of New York
Office of the Attorney General
Civil Rights Bureau
120 Broadway, 23rd Floor
New York, NY 10271-0332**