NEW YORK CITY HOUSING AUTHORITY
DEPARTMENT OF EQUAL OPPORTUNITY
OFFICE OF EMPLOYMENT & FAIR HOUSING INVESTIGATIONS
250 BROADWAY, 3rd FLOOR
NEW YORK, NEW YORK 10007

COMPLAINT OF ALLEGED DISCRIMINATION

EEO CASE NO. ___________

I. Identity of Complainant

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Employee ID Number</th>
<th>Date</th>
</tr>
</thead>
</table>

Title

☐ Civil Service  ☐ Provisional

Home Address

NYCHA Division or Location

Your Supervisor's Name

Your Office Address

Your Office Telephone

II. Status of Complaint

Check one:

☐ This is a request for assistance from the Office of Employment and Fair Housing Investigations in order to conciliate a complaint of alleged discrimination and/or retaliation.

☐ This is a formal complaint of alleged discrimination and/or retaliation.

III. Jurisdiction

A. Have you ever filed this complaint before?  ☐ YES  ☐ NO

If yes, please check appropriate box to indicate where you filed this complaint of discrimination and/or retaliation

☐ EEOC  ☐ NY State Division of Human Rights

☐ NY City Commission on Human Rights  ☐ Other (specify) ________________

B. Did the incident(s) occur within the last twelve (12) months?  ☐ YES  ☐ NO
### A. What is the alleged basis of discrimination? (Check any which apply)

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Age (specify) ___________________________</td>
</tr>
<tr>
<td>☐</td>
<td>Alienage/Citizenship (specify) ___________</td>
</tr>
<tr>
<td>☐</td>
<td>Arrest/Conviction _______________________</td>
</tr>
<tr>
<td>☐</td>
<td>Caregiver Status _________________________</td>
</tr>
<tr>
<td>☐</td>
<td>Color (specify) _________________________</td>
</tr>
<tr>
<td>☐</td>
<td>Disability (specify) ____________________</td>
</tr>
<tr>
<td>☐</td>
<td>Gender (specify) _________________________</td>
</tr>
<tr>
<td>☐</td>
<td>Marital Status (specify) ________________</td>
</tr>
<tr>
<td>☐</td>
<td>Military Status _________________________</td>
</tr>
<tr>
<td>☐</td>
<td>National Origin (specify) _______________</td>
</tr>
</tbody>
</table>

☐ Other ____________________________________________________________________________

### B. Explain what alleged discriminatory act(s) took place.
C. Name of person(s) you believe discriminated against you (please give name, title and division of each).

D. When did the alleged discrimination occur? Please be as specific as possible as to date(s) and time(s) of occurrence(s).

E. Where did it take place? Please be as specific as possible as to the location of alleged discriminatory act(s).
F. Were there witnesses to the alleged discrimination? Please give name(s), title(s) and division(s) and telephone number(s) of each witness.

G. Did you report the alleged discrimination to anyone? If so, please state the name(s), title(s), division(s) and telephone number(s) of each person to whom you reported.

H. What corrective action do you want taken?
GOVERNMENT AGENCIES WHICH ADDRESS COMPLAINTS OF EMPLOYMENT DISCRIMINATION

Any employee or applicant for employment that believes he or she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below. A person does not give up this right when a complaint is filed with the Department of Equal Opportunity. The following federal, state and local agencies enforce laws against discrimination:

NEW YORK CITY COMMISSION ON HUMAN RIGHTS
22 Reade Street, 1st Floor
New York, NY 10006
(718) 722-3131 • 311 (in NYC) (Voice and TTY)
http://www.nyc.gov/cchr/

NEW YORK STATE DIVISION OF HUMAN RIGHTS
One Fordham Plaza 4th Floor
Bronx, New York 10458
(718) 741-8400
www.dhr.ny.gov

UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY
33 Whitehall Street
New York, NY 10004
(212) 336-3620 • (212) 336-3622 (TTY)
www.eeoc.gov

UNITED STATES DEPARTMENT OF LABOR
(Employee Disability - FMLA Only) Wage & Hour Division
26 Federal Plaza, Suite 3700/3838
New York, NY 10278
(212) 264-8185 • (866) 487-9243 (TTY)
https://www.doI.gov/whd/

UNITED STATES DEPARTMENT OF JUSTICE HOUSING & CIVIL ENFORCEMENT SECTION
U.S. Department of Justice Civil Rights Division
950 Pennsylvania Avenue, N.W.
Housing and Civil Enforcement Section, NWB
Washington, D.C. 20530
(202) 514-4713 (202) 514-0716 (TTY)
https://www.justice.gov/crt/housing-and-civil-enforcement-section

NOTE: There are statutory deadlines for filing complaints with each of the agencies listed above. Employees are advised to contact the respective agency where they wish to file a complaint in order to find out the applicable deadline.

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

______________________________
Date

______________________________
Complainant’s Signature

FOR OFFICE USE ONLY

Date

EEO Intake

Date Interviewed

By

NJL? □ Yes □ No