

**Resident/Applicant
Discrimination
Complaint Form**

NEW YORK CITY HOUSING AUTHORITY
Department of Equal Opportunity
250 Broadway - 3rd Floor
New York, NY 10007
(212) 306-4468

A. Case No.

B. Date:

C. Please print the following information:

1. Name
a. Last b. First c. MI

2. Development Name

3. Development Address
a. (No. & Street)

b. (Apt. #)

c. City d. (Zip Code) -

4. Your Home Address
a. (No. & Street)

b. (Apt. #)

c. City d. (Zip Code) -

5. Daytime Telephone No.

6. Evening Telephone No.

D. Status of Complaint

Check one:

- a. This is a request for assistance from the Department of Equal Opportunity in order to conciliate a complaint of alleged discrimination and/or retaliation.
- b. This is a formal complaint of alleged discrimination and/or retaliation.

E. Jurisdiction

- 1. Have you filed this complaint before? a. YES b. NO
 - c. If yes, please check appropriate box to indicate where you filed this complaint of discrimination and/or retaliation
 - d. Dept. of Housing & Urban Development e. NY City Commission of Human Rights
 - f. NY State Division of Human Rights
- 2. Did the incident(s) occur within the last twelve (12) months? a. YES b. NO

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F. 1. What is the alleged basis of discrimination (*Check any which apply*)

- | | |
|--|--|
| a. <input type="checkbox"/> Age | i. <input type="checkbox"/> Partnership Status |
| b. <input type="checkbox"/> Alienage/Citizenship | j. <input type="checkbox"/> National Origin |
| c. <input type="checkbox"/> Color | k. <input type="checkbox"/> Gender/Sex |
| d. <input type="checkbox"/> Disability | l. <input type="checkbox"/> Religion/Religious Observance |
| e. <input type="checkbox"/> Race | m. <input type="checkbox"/> Sexual Orientation |
| f. <input type="checkbox"/> Military Status | n. <input type="checkbox"/> Retaliation for filing/opposing/assisting in investigation of complaint |
| g. <input type="checkbox"/> Marital/Familial Status | o. <input type="checkbox"/> Victim of domestic violence, dating violence or stalking |
| h. <input type="checkbox"/> Lawful Occupation | p. <input type="checkbox"/> Lawful Source of Income |

2. Explain what alleged discriminatory act(s) took place.

3. Name of Person(s) you believe discriminated against you? (*Please give name, title and location*)



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

5. Where did it happen? Please be as specific as possible as to the location of alleged discrimination act(s).

6. Were there witnesses to the alleged discrimination? *(Please give name, title and organization and telephone #)*

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**G. NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS
ENFORCEMENT AGENCIES.**

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

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
New York Regional Office of Fair Housing and Equal Opportunity**

26 Federal Plaza, Room 3541
New York, NY 10278
(212) 264-8000
TTY (212) 264-0927
<http://www.hud.gov>

5. **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.
6. **I affirm that I have read the above Resident/Applicant Discrimination Complaint Form 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.**

7. Date

8. Complainant's Signature

(for Department use only)

Date Interviewed _____

By _____

