



**IV. Nature of Complaint**

**A. What is the alleged basis of discrimination? (Check any which apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Age (specify) _____                  | <input type="checkbox"/> Partnership Status  |
| <input type="checkbox"/> Alienage/Citizenship (specify) _____ | <input type="checkbox"/> Predisposing Genetic Characteristic                                       |
| <input type="checkbox"/> Arrest/Conviction _____              | <input type="checkbox"/> Prior Salary History _____  |
| <input type="checkbox"/> Caregiver Status _____               | <input type="checkbox"/> Race (specify) _____  |
| <input type="checkbox"/> Color (specify) _____                | <input type="checkbox"/> Religion (specify) _____  |
| <input type="checkbox"/> Disability (specify) _____           | <input type="checkbox"/> Retaliation for filing /opposing /assisting in investigation of complaint |
| <input type="checkbox"/> Gender (specify) _____               | <input type="checkbox"/> Sexual Harassment   |
| <input type="checkbox"/> Marital Status (specify) _____       | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Military Status                      | <input type="checkbox"/> Victim of Domestic Violence, Stalking or Sex Offenses                     |
| <input type="checkbox"/> National Origin (specify) _____      | <input type="checkbox"/> Sexual And Reproductive Health Decisions                                  |
| <input type="checkbox"/> Natural Hair _____                   | <input type="checkbox"/> Unemployment Status   |
| <input type="checkbox"/> 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](http://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](http://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.dol.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