DISCRIMINATION COMPLAINT FORM

The purpose of this form is to assist you in filing a discrimination complaint with the New York State Division of Criminal Justice Services. You are not required to use this form; a letter with the same information is sufficient.

1. State your name and address.
Name: _______________________________________________________________________
Address: ____________________________________________________________________
_____________________________________________________________________________
Telephone: Home: (_____) ___________________ Work or Cell: (_____) ________________

2. Person(s) discriminated against, if different from above:
Name: _______________________________________________________________________
Address: ____________________________________________________________________
_____________________________________________________________________________
Telephone: Home: (_____) ___________________ Work or Cell: (_____) ________________
Please explain your relationship to this person(s).
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Agency and department or program that discriminated:
Name: _______________________________________________________________________
Address: ____________________________________________________________________
_____________________________________________________________________________
Telephone: Home: (_____) ___________________ Work or Cell: (_____) ________________

4A. Non-employment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions of the department or agency in its treatment of you or others? If so, please indicate below the base(s), actual or perceived, on which you believe these discriminatory actions were taken.
   Race/Color: ___________________________________________________________________
   National origin: __________________________________________________________________
   Sex: __________________________________________________________________________
   Religion: _______________________________________________________________________
   Age: __________________________________________________________________________
   Disability: _____________________________________________________________________
   Sexual Orientation: __________________________________________________________________
   Gender Identity: __________________________________________________________________

4B. Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s), actual or perceived, on which you believe these discriminatory actions were taken.

_____Race/Color: ______________________________________________________________
_____National origin: ___________________________________________________________
_____Sex: __________________________________________________________________
_____Religion: ________________________________________________________________
_____Age: __________________________________________________________________
_____Disability: ________________________________________________________________
_____Sexual Orientation_________________________________________________________
_____Gender Identity____________________________________________________________

5. To your best recollection, on what date(s) did the alleged discrimination take place? Earliest date of discrimination: ____________________
Most recent date of discrimination: _________________
Generally, complaints of discrimination must be filed within 180 days or 1 year of the alleged discrimination, depending on the terms of the statute.

6. Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

7. Please sign and date this Complaint Form below. Please note that if you are submitting this form by email a signature is not required because submission by email represents a signature.

(Signature)_________________________________ (Date) _____________________________

Please feel free to add additional sheets to explain the present situation to us.
If you are sending this complaint by land mail please mail the Complaint Form to the following address:

NYS Division of Criminal Justice Services
Office of Legal Services
80 South Swan Street
Albany, NY 12210

If you are emailing the Complaint Form the email address is the following:
civilrights@dcjs.ny.gov