



Sullivan County HUMAN RIGHTS COMMISSION

Government Center

100 North Street

Monticello NY, 12701

845 807-0189

<http://www.eric.monroe@co.sullivan.ny.us>

COMPLAINT FORM

Please complete this entire form, sign it before a notary public, have it notarized and return it to the Sullivan County Human Rights office at the above address. For further information, and/or assistance in filing a complaint, please call the Human Rights office at (845) 807-0189

1. PERSONAL DATA

I, _____ (Complainant),
Name of person making the complaint

Residing at _____,

Street
City _____ Postal Code _____

Telephone numbers: (home) _____ Cell _____ (work) _____,

2. AREA OF DISCRIMINATION:

I wish to file a complaint of discrimination in (Check only ONE)

___ Employment (The employer being charged must have four or more employees.)

___ Housing

___ Public Accommodations

___ Credit

___ ADA

3. BASIS

I believe that I am being discriminated against on the following factor(s) (Please check ALL that you believe apply, and be as specific as possible for each factor checked.):

___ Age (Please Specify Date of Birth _____)

___ Arrest Record (only if resolved in your favor)

___ Conviction Record _____.

___ Creed/Religion _____.

___ Disability/Perceived Disability/Past Disability _____.

___ Marital Status ___ Unmarried ___ Married ___ Separated ___ Divorced ___ Widowed

___ Military Status _____.

___ National Origin _____.

___ Race _____.

___ Color _____.

___ Sex ___ Male ___ Female

___ Sexual Orientation/Perceived Sexual Orientation _____.

___ Retaliation for Opposing Discrimination

Please specify: (this involves retaliation for opposing discrimination based on one of the categories listed above, such as by filing a discrimination case, being a witness in a discrimination case, and/or objecting to a discriminatory practice): _____.

4. RESPONDENT

Please provide information below regarding the party that discriminated against you ("Respondent").

Name of person, firm, employer, organization, etc. against whom you are filing: (If you are naming a co-worker, supervisor, agent, etc., please also name the firm or organization.)

I am making a complaint against _____ (**Respondent,**)

Of _____,

Street

City _____ **Postal Code** _____ **Telephone Number** _____,

Who, on or about _____,

Date or time period of alleged act of discrimination

did, in my view, discriminate against me.

5. PARTICULARS OF COMPLAINT

(Please provide specific details of your complaint with respect to acts, dates and names. Please write legibly if this document is not being typed.)

ADDITIONAL INFORMATION

Please provide the names, address and phone numbers for any possible witnesses and what each person witnessed with respect to your charge:

How do you feel your complaint could be resolved?

Note to Complainant:

A copy of this Complaint may be sent to the Respondent (person, company or organization you are complaining against) unless the Human Rights Commission receives a written notice of withdrawal from you. Any information you provide to any Commissioner or Commission employee may be forwarded to the Respondent or other parties to the Complaint.

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 of person making the Complaint

Dated on _____
month day year

6. EXECUTION OF COMPLAINT

Please read carefully before signing. Please be sure to sign this form in front of a notary public.

Based on the foregoing, I charge the above-name Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

I have not commenced any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct; based on my current knowledge, information, and belief.

(Sign your Full Legal Name)

Subscribed and sworn to before me this day of _____, 20__

(Signature of Notary Public)

MY COMMISSION EXPIRES: