



NASSAU COUNTY COMMISSION ON HUMAN RIGHTS

240 Old Country Road, Suite 606, Mineola, NY 11501
Telephone (516) 571-3662
Fax (516) 571-1422

COMPLAINT FORM

Instructions

To file a complaint with the Commission on Human Rights:

- 1) Please fill out this form, answering all of the questions. If you are filling out the form on a computer, please print out the form when you are finished. **You will not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print.
- 2) Attach copies of any documents that you think will help the Commission investigate your case (pay stub, letter of termination, performance evaluation, disciplinary notice, etc.)
- 3) Return the complaint form to the Commission at the office located at 240 Old Country Road, Suite 606, Mineola, New York 11501.
- 4) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

Please feel free to visit our website at www.nassaucountyny.gov

If you have any questions, want information, or need help filling out the form, please call our office (516) 571-3662 to speak with an investigator.

Protected Classes

Age (*you must be at least 18 years of age or parents or guardian file on your behalf*)

Marital Status (*single, married, separated, divorced, widowed*)

Arrest Record, *including youthful offender record or sealed conviction record*

Military Status (*including military reserves*)

Conviction Record

National Origin (*the country where you or your ancestors were born*)

Creed / Religion (*religious belief, practice, or observance*)

Race/Color (*because you are Asian, Black, White, etc.; includes ethnicity*)

Disability
(*a physical or mental condition*)

Retaliation (*if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above or below*)

Domestic Violence Victim Status

Familial Status (*if you are pregnant or have children under age 18 in the household*)

Sex/Gender (*based on the fact that you are a male or female, sexual stereotyping, sexual harassment, or pregnancy discrimination*)

Genetic Predisposition (*information from a genetic test*)

Sexual Orientation (*heterosexual, homosexual, bisexual, asexual, or perceived*)



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CONTACT INFORMATION

My personal information:

Name: _____

Address: _____ Apt or Floor #: _____

City: _____ State: _____ Zip: _____

My primary telephone number:

My secondary telephone number:

(area code)

(area code)

___ home phone

___ home phone

___ work phone

___ work phone

___ cell phone

___ cell phone

___ other _____

___ other: _____

My email address: _____

Last four digits of my Social Security number: _____

Contact person (someone who does not live with you but will know how to contact you if the Commission cannot reach you):

Name: _____

Telephone number: _____
(area code)

Relationship to me: _____

Special Needs

I am in need of:

a) A translator (if so, which language?): _____

b) Accommodations for a disability: _____

c) Other: _____



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I am filing a complaint against:

Company or Other Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____
(area code)

Person(s) who discriminated against me:

Name: _____

Title: _____

Name: _____

Title: _____

REGULATED AREAS

I believe I was discriminated against in the area of:

<input type="checkbox"/> Employment	<input type="checkbox"/> Education	<input type="checkbox"/> Volunteer firefighting
<input type="checkbox"/> Apprentice Training	<input type="checkbox"/> Boycotting/Blacklisting	<input type="checkbox"/> Credit
<input type="checkbox"/> Public Accommodations <i>(Restaurants, stores, hotels, movie theaters amusement parks, etc.)</i>	<input type="checkbox"/> Housing <input type="checkbox"/> Commercial Space	<input type="checkbox"/> Labor Union, Employment Agencies

DATE OF DISCRIMINATION:

The most recent act of discrimination happened on: _____
month day year

Witnesses to the discrimination: (For additional witnesses, write their information on a separate sheet and attach)

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____



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BASIS OF DISCRIMINATION

Please tell us why you were discriminated against by checking one or more boxes below. (Only boxes that you believe were a reason for the discrimination). Refer to Page 1 for an explanation of each of the terms.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Familial Status is a basis only in Housing and Credit complaints). These exceptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

Age
(Does not apply to Public Accommodations)

Please specify:
 National Origin

Date of Birth:

Please specify:
 Disability

Genetic Predisposition
(Employment only)

Please specify:
 Race/Color or Ethnicity

Please specify:
 Arrest Record
(Only for Employment, Licensing, and Credit)

Please specify:
 Domestic Violence Victim Status:
(Employment only)

Please specify:
 Marital Status

Please specify:
 Sex/Gender

Please specify:
 Conviction Record
(Employment and Credit only)

Please specify: Female Male
 Pregnancy

Please specify:
 Military Status:

Sexual Harassment

Please specify:
 Creed / Religion

Familial Status
(Housing and Credit only)

Please specify:
 Retaliation (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above)

Please specify:
 Sexual Orientation

Please check the list to make sure that you provided information only for the type of discrimination that relates to your complaint.



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EMPLOYMENT DISCRIMINATION

Answer these questions only if you were discriminated against in employment.

How many employees does this company have?				
a) 1-3	b) 4-14	c) 15 or more	d) 20 or more	e) Don't know
Are you currently working for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of hire: _____		What is your job title? _____		
month	day	year		
Last day of work: _____		What was your job title? _____		
Month	day	year		
<input type="checkbox"/> I was not hired by the company		Date of application: _____		
		Month	day	year

ACTS OF DISCRIMINATION

What did the person/company you are complaining against do? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Refused to hire me | <input type="checkbox"/> Denied me a promotion or pay raise |
| <input type="checkbox"/> Fired me / laid me off | <input type="checkbox"/> Denied me leave time or other benefits |
| <input type="checkbox"/> Did not call me back after a lay-off | <input type="checkbox"/> Paid me a lower salary than other workers in my same title |
| <input type="checkbox"/> Demoted me | <input type="checkbox"/> Gave me different or worse job duties than other workers in my same title |
| <input type="checkbox"/> Suspended me | <input type="checkbox"/> Denied me an accommodation for my Disability |
| <input type="checkbox"/> Sexually harassed me | <input type="checkbox"/> Denied me an accommodation for my religious practices |
| <input type="checkbox"/> Harassed or intimidated me (other than sexual harassment) | <input type="checkbox"/> Gave me a disciplinary notice or negative performance evaluation |
| <input type="checkbox"/> Denied me training | |
| <input type="checkbox"/> Other: _____ | |



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DESCRIPTION OF DISCRIMINATION - for all complaints (Public Accommodation, Employment, Education, Housing, and all other regulated areas). Please tell us more about each act of discrimination that you provided information about on Pages 3 and 4. Please include dates, names of people involved, and explain why you think it was discriminatory. **PLEASE TYPE OR PRINT CLEARLY.**

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.**

Settlement / Conciliation:

To settle this complaint, I would accept: (Please explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc?) _____



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Additional Details:

I complained about the discrimination to: (If you reported the discrimination, please indicate whether you went to a supervisor, a manager, the owner of the company, your human resources office, your union, etc.). _____

The date I complained was: _____
month day year

The nature of my complaint was: (How exactly did you complain about the discrimination? Did you talk to someone about it? Did you make a formal written complaint or union grievance? What did you say?)

This is what happened after I complained: (Was your complaint investigated? Was any action taken in response to your complaint? Did the discrimination stop? Did you experience retaliation for complaining?)

I did not complain about the discrimination because: (If you never reported the discrimination, please explain why).

Examples of other people who were discriminated against in the same way as I was: (For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).
If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

Examples of other people who were treated better than I was: (For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, ages, religions, etc.

Have you filed a complaint with another agency or in court (State / Federal)? Yes No
If yes, when did you file and what is the status of the case: (Date) _____
(Status) _____