



City of Albany Commission on Human Rights

City Hall Room 301

Albany, New York 12207

(518) 434-5296

Employment & Public Accommodations Complaint Form

The Commission on Human Rights investigates complaints of discrimination based on:

- **Age** (*if you are at least 18 years of age*)
- **Creed/ Religion** (*religious belief, practice, or observance*)
- **Disability** (*a physical or mental condition*)
- **Marital Status** (*single, married, separated, divorced, widowed*)
- **Military Status** (*including military reserves*)
- **National Origin** (*the country where you or your ancestors were born*)
- **Race/Color** (*because you are Asian, Black, Indian, White, etc.; includes ethnicity*)
- **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*)
- **Sex** (*based on the fact that you are a male or female, sexual stereotyping, sexual harassment, or pregnancy discrimination*)
- **Sexual Orientation** (*heterosexual, homosexual, bisexual asexual, or perceived*)
- **Gender Identity** (*self image, behavior, appearance or expression which is different from what is traditionally associated with a person's legal assigned sex at birth*)

In addition to the complaint areas listed above, the Commission investigates complaints in regard to **housing discrimination**. If you believe you have been discriminated against in the area of housing, please contact our office to speak directly with our staff: (518) 434-5296.

PLEASE NOTICE: In order to file a complaint with the Albany Commission on Human Rights you must reside within the City of Albany or be filing a complaint against an entity within the City of Albany.

**Employment & Public Accommodations
Discrimination Complaint Intake Form
CITY OF ALBANY COMMISSION ON HUMAN RIGHTS**

Complainant's Name:

Address:

Telephone:

Work location:

Date(s) of alleged violation:

Respondent's Name/Location:

Job title:

Respondent's telephone:

Address:

Relationship to complainant:

Respondent's Name:

Job title:

Respondent's telephone:

Work location:

Relationship to complainant:

This complaint is in regard to discrimination in: **Employment** **Public Accommodations**

Please answer the questions in this section only if you were discriminated against in the area of employment. If not, please proceed to the next page.

How many employees does the company have? A. 1-3 B. 4-14 C. 15 or more D. 20 or more E. unsure

Are you currently working for the company?

Yes

Date of Hire: __/__/__ What is your job title? _____

No

Last Day of Work: __/__/__ What was your job title? _____

I was not hired by the company

Date of application: __/__/__

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I was:

- | | |
|--|---|
| <input type="checkbox"/> terminated | <input type="checkbox"/> not hired |
| <input type="checkbox"/> not promoted | <input type="checkbox"/> harassed |
| <input type="checkbox"/> suspended | <input type="checkbox"/> sexually harassed |
| <input type="checkbox"/> constructively discharged | <input type="checkbox"/> demoted |
| <input type="checkbox"/> not hired due to BFOQ* | <input type="checkbox"/> retaliated against |
| <input type="checkbox"/> given a poor evaluation | <input type="checkbox"/> not hired due to a disability |
| <input type="checkbox"/> denied a raise | <input type="checkbox"/> delegated difficult assignments |
| <input type="checkbox"/> less trained | <input type="checkbox"/> warned |
| <input type="checkbox"/> denied an office | <input type="checkbox"/> not hired due to prior criminal record |
| <input type="checkbox"/> subjected to hostile work environment | <input type="checkbox"/> given different terms/conditions of employment |
| <input type="checkbox"/> Other _____ | |

*Bona fide occupational qualification

I believe the basis of this treatment was due to my:

- | | |
|--|--|
| <input type="checkbox"/> Race/Color or Ethnicity | <input type="checkbox"/> Domestic Violence Victim Status (only for employment) |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Military Status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Marital/Domestic Partner Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Arrest Record (only for employment) |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Criminal Conviction Record (only for employment) |
| <input type="checkbox"/> Age (D.O.B.) | <input type="checkbox"/> Genetic Predisposition (only for employment) |
| <input type="checkbox"/> Religion | |

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Description of Discrimination:

Please tell us more about each act of discrimination that you provided information about on the previous pages. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY.

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Initial the following that apply:

- _____ I have been advised during the intake process that my claim may be forwarded to the New York State Division of Human Rights.
- _____ I have received a copy of this complaint summary, which has been signed by both the Equal Employment Opportunity Specialist and me. If any changes are to be made with regards to the statement(s) contained in this complaint form, I will have to initial each change.
- _____ I understand that statements contained in this complaint may be used in administrative or legal proceedings and that I may be required to testify at such proceedings concerning this matter.

I hereby attest that the facts given in this complaint are true and accurate and that I have been advised of the other avenues of appeal/redress:

_____ **Complainant Signature /Print Name**

_____ **Date**

_____ **EEO Representative Signature/Print Name**

_____ **Date**

For Administrative Use Only:

- _____ This complaint has been reviewed and **will be** forwarded to the appropriate contact at the State of New York Division of Human Rights.
- _____ This complaint has been reviewed and **will not be** forwarded to the appropriate contact at the State of New York Division of Human Rights.

_____ **Affirmative Action Officer /Print Name**

_____ **Date**

For further information, or for specific questions, please contact:

City of Albany
Equal Employment Opportunity & Fair Housing Office
City Hall Room 301
Albany, New York 12207
(518) 434-5296