

Westchester County Human Rights Commission Discriminatory Harassment Complaint Form

The Westchester County Human Rights Commission investigates claims of discriminatory harassment.

Discriminatory harassment is injury or intimidation, by force or threat of force, that:

- Interferes with a person's civil or constitutional rights; and
- Is motivated, in whole or in part, by that person's actual or perceived group identity. *See the list of protected group identities on page 3.*

Discriminatory harassment is also damage, defacement or destruction to the real or personal property of a person that:

- Intimidates that person or interferes with that person's civil or constitutional rights; and
- Is motivated, in whole or in part, by that person's actual or perceived group identity. *See the list of protected group identities on page 3.*

Please note that a Discriminatory Harassment Complaint **cannot** be submitted anonymously.

The Commission cannot investigate an allegation of discriminatory harassment unless you can identify the alleged harasser.

If this matter is the subject a criminal investigation, the Commission will not investigate until the criminal investigation is complete.

If you think you have been subjected to discriminatory harassment, please follow the instructions below.

Instructions

1. Fill out the Discriminatory Harassment Complaint form, answering all of the questions to the best of your ability. If possible, **please type**. If you are filling out the form by hand, please print clearly.

If you are a person with limited English proficiency and you require an interpreter to fill out this form, please contact our office right away. The Commission has the ability to access an interpreter on demand at no cost to you.

A delay could occur in filing and investigating your complaint if the form is not filled out properly or if the information you provide is not legible.

2. After you fill out the form, please have this complaint form notarized. Please contact our office if you have questions about notarization. Notary services are available at the Commission free of charge.
3. Attach copies of any documents that you think will help the Commission investigate your case (including emails, photos, written statements from witnesses, etc.)

4. Return the Complaint Form by mail, email or personal delivery:

Via Mail to: Westchester County Human Rights Commission, Complaint Investigation, 112 E. Post Road, 3rd Floor, White Plains, New York 10601

Via email to: HumanRights@WestchesterGov.com

5. Keep a copy of your complaint and copies of any documents that you attach for your own records.
6. After you return the Complaint Form, the Commission will review and finalize the Complaint for filing. When filed, the Commission will forward you a copy of the filed Complaint for your records. The matter will be assigned to an investigator and you will be contacted to schedule an interview.
7. The completed and notarized complaint must be returned to the Commission promptly. After the Commission accepts your complaint, this form will be sent to the person(s) whom you are charging with discriminatory harassment.

PLEASE NOTE: You must file your complaint within one year of the most recent act of alleged discrimination.

The Human Rights Law prohibits discriminatory harassment against you because you are a member of a protected class or if you are in a relationship or associated with a member of a class protected by the Human Rights Law. The protected classes are:

- **Age** (if you are at least 18 years of age)
- **Alienage / Citizenship Status** (citizenship or immigration status)
- **Color**
- **Creed / Religion** (religious belief, practice, or observance)
- **Disability** (a physical, mental or medical impairment)
- **Domestic Violence Victim Status**
- **Ethnicity**
- **Familial status** (if you are pregnant or have children under age 18)
- **Gender** (includes sexual stereotyping, sexual harassment, pregnancy, and gender identity or expression [actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned at birth, but not limited to, the status of being transgender, gender non-conforming, and gender non-binary])
- **Marital Status** (single, married, separated, divorced, widowed)
- **National Origin** (including ancestry)
- **Race**
- **Sexual Abuse Victim Status**
- **Sexual orientation** (heterosexuality, homosexuality, or bisexuality)

The Commission investigates complaints only if the harassment is based on one or more of the above reasons. The Commission cannot investigate harassment that is not motivated, in whole or in part, by one of these reasons. If you do not see anything on this list that applies to your situation, please contact the Commission to speak to a staff member.

WESTCHESTER COUNTY HUMAN RIGHTS COMMISSION

Discriminatory Harassment Complaint Form

CASE NO.

1. Your Full Legal Name:

2. Who are you complaining about/ filing a complaint against?

- Please specify each Respondent's full legal name
- Please include each Respondent's address, telephone number and email address, and their status (owner, supervisor, etc.), if known.
- NOTE: You must know the identity of your alleged harasser.

Respondent #1

Respondent #2

3. Date of alleged harassment (must be within one year of filing)

The most recent act of harassment happened on (month/date/year):

The first act of harassment happened on (month/date/year):

4. Did you report the alleged harassment to the Police? ☐ Yes ☐ No

- If Yes, what police department?
- If Yes, when?
- If Yes, do you have a police report? ☐ Yes ☐ No (If yes, include copy with this complaint)

***Note:** If this matter is the subject a criminal investigation, the Commission will not investigate until the criminal investigation is complete.

5. Basis of alleged discrimination (actual or perceived): <i>Check ONLY the boxes that you believe were the reasons for discrimination.</i>	
Age (at time of alleged discrimination):	Marital Status <i>(Please Specify)</i> :
Alienage/Citizenship Status <i>(Please Specify)</i> :	National Origin <i>(including ancestry)</i> <i>(Please Specify)</i> :
Color <i>(Please Specify)</i> :	Race <i>(Please Specify)</i> :
Disability: Physical Mental Other:	Religion/Creed <i>(Please Specify)</i> :
Domestic Violence Victim Status	Sexual Abuse Victim Status
Ethnicity <i>(Please Specify)</i> :	Sexual Orientation Bisexual Gay Heterosexual/Straight Lesbian
Familial Status Children Under the Age of 18 Pregnancy	Stalking Victim Status
Gender Sexual Harassment Gender Identity or Expression (including the Status of being Transgender/Gender Non-Conforming/Non-Binary) Please Specify:	
6. Acts of Alleged Harassment. <i>What did the person/company you are complaining against do?</i> <i>Check all that apply.</i> Verbal harassment Threats of physical attack Sexual harassment or sexual assault Property damage	

7. Description of alleged discrimination: *Tell us more about each act of harassment that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. Please explain how the harassment was based upon the bases you checked in section "6", above. TYPE OR PRINT CLEARLY*

Notarization of Complaint and Waiver and Relinquishment

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.

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the Westchester County Human Rights Law.

I understand that by filing this complaint with the Westchester County Human Rights Commission, I am knowingly and voluntarily waiving my right to file a complaint with the New York State Division of Human Rights, as well as any local or municipal civil rights agency, including any other commission on human rights located in any city, town, or village in the County of Westchester, where such complaint is based upon the same transaction or occurrence or series of transactions or occurrences, unless and until I formally withdraw the complaint herein.

Sign your full legal name

Subscribed and sworn before me
This _____ day of _____, _____

Signature of Notary Public

County:

Commission expires:

Please note: Once this form is completed, notarized, and returned to the Westchester County Human Rights Commission, it becomes a legal document and an official complaint with the Commission.

Additional Information

(These pages are for the Commission's records and will not be sent to the company or person(s) whom you are filing against, unless required by law.)

1. Contact information:

Name:

Address:

Primary telephone number:

E-mail address:

2. Are you represented by an attorney? If so, provide the following contact information.

(Representation is not required to file a complaint.)

Attorney's Name:

Firm Name:

Address:

Telephone number:

E-mail address:

3. Alternate Contact *Provide contact information for someone who does not live with you but will know how to contact you if the Commission cannot reach you.*

Name:

Telephone number:

Address:

Email address:

Relationship to you:

4. Special Needs: *I am in need of:*

- ☐ Interpretation (if so, what language?): _____
- ☐ Accommodation for Disability: _____
- ☐ Privacy. Keep my contact information confidential as I am a victim of domestic violence/stalking.
- ☐ Other: _____

5. Settlement / Conciliation. *To settle this complaint, I would accept (for example, back pay, monetary damages, reasonable accommodation for your disability, etc.):*

6. Witnesses. *Provide contact information for witnesses. Witness information may be released as part of the investigation.*

Name:

Title:

Telephone Number:

Relationship to you:

What did this person witness?

Name:

Title:

Telephone Number:

Relationship to you:

What did this person witness?

7. Did you report or complain about discrimination to anyone? If so, who? Describe when and how did you complain? What happened after you complained?

8. Did you file a complaint about this discrimination with any other agency? If so, where and when? What was the result?