

Westchester County Human Rights Commission Employment Discrimination Complaint Form

Instructions

The Westchester County Human Rights Commission accepts and investigates Complaints of employment discrimination. Covered areas include full-time and part-time employment, licensing, seasonal employment, internships and certain non-employees (e.g., contractors, subcontractors, vendors, consultants) who provide services in the workplace. If you think you have been discriminated against in the area of employment, please follow the instructions below.

1. Fill out the Employment Discrimination 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 can access an interpreter on demand at no cost to you.

Submitting a Complaint Form that is not filled out properly with complete and legible information could delay the filing and investigation of your complaint.

2. After you fill out the form, please sign it before a notary public. Please contact our office if you have questions about notarization. Notary services are available at the Commission free of charge.
3. Separately attach copies of any documents that you think will help the Commission investigate your complaint (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, Room 308, White Plains, New York 10601

Via Email to: HumanRights@WestchesterCountyNY.gov

5. Keep a copy of your Complaint Form and copies of any documents that you attach for your own records.
6. After you return the completed and signed Complaint Form, please contact the Commission at (914) 995-9500 or via email at HumanRights@WestchesterCountyNY.gov to schedule an appointment to meet with an investigator.
7. The completed Complaint Form must be returned to the Commission promptly. After the Commission accepts and files your complaint, it will be sent to the company or person(s) whom you are charging with discrimination.

PLEASE NOTE: You must file your complaint within 1 year of the most recent act of alleged discrimination. However, sexual harassment complaints alleging unlawful discriminatory conduct that occurred in the workplace after June 6, 2023 must be filed within 3 years of the alleged act.

The Westchester County Human Rights Law prohibits discrimination in employment against you because you are an actual or perceived 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)
- **Arrest or Conviction Record** (preliminary or initial inquiry in an application for employment)
- **Color**
- **Disability** (a physical, mental or medical impairment; includes denials of requested accommodations or modifications for a disability)
- **Domestic Violence Victim Status**
- **Ethnicity**
- **Familial status** (if you are pregnant, have children under age 18 or are securing custody of a child 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)
- **Military Status** (current or prior participation in the military service of the United States or New York State, including reserved armed forces)
- **National Origin** (including ancestry)
- **Race** (including traits historically associated with race, including, but not limited to, hair texture and protective hairstyles)
- **Religion** (includes all aspects of religious observances and practice, as well as belief, and includes the absence of religious observance, practice and belief)
- **Retaliation** (because you filed a discrimination complaint before, helped someone else with a discrimination case, or opposed or reported discrimination)
- **Sexual Abuse Victim Status**
- **Sexual Orientation** (an individual's actual or perceived romantic, physical or sexual attraction to other persons, or lack thereof, on the basis of gender)
- **Stalking Victim Status**

The Commission investigates complaints only if the discrimination is based on one or more of the above reasons. The Commission cannot investigate unfair treatment that does not involve 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**

Employment Discrimination Complaint Form

CASE NO.

1. Your Full Legal Name:

2. Regulated Areas: *You believe you were discriminated against in the area(s) of:*

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Apprentice Training | <input type="checkbox"/> Subcontractor |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Labor Organization | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Licensing Agency | <input type="checkbox"/> Other: _____ |

3. Who are you complaining against?

- *Please specify each Respondent's full legal name, address, telephone number and email address, and their status (owner, supervisor, etc.)*
- *For businesses, include legal business name with Inc., Corp., LLC, etc.*
- *If you require additional space, please continue on separate paper, and make sure to attach it to this form)*

Respondent #1

Respondent #2

4. Date of alleged discrimination (must be within 1 year, or for sexual harassment, 3 years of filing)

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

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

5. For employment and internships, how many employees does this company have? <input type="checkbox"/> 1 - 3 <input type="checkbox"/> 4 - 14 <input type="checkbox"/> 15 - 19 <input type="checkbox"/> 20+ <input type="checkbox"/> I don't know	
6. Are you currently working for this company?	
<input type="checkbox"/> Yes. Date of hire:	What is your position?
<input type="checkbox"/> No. Last day:	What was your position?
<input type="checkbox"/> I was never hired. Date of Application:	What position did you apply for?
7. Basis of alleged discrimination (actual or perceived): <i>Check ONLY the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.</i>	
<input type="checkbox"/> Age (at time of alleged discrimination):	<input type="checkbox"/> Marital Status <i>(Please Specify)</i> :
<input type="checkbox"/> Alienage/Citizenship Status <i>(Please Specify)</i> :	<input type="checkbox"/> Military Status
<input type="checkbox"/> Arrest/Criminal Record <i>(Please Specify)</i> :	<input type="checkbox"/> National Origin <i>(including ancestry)</i> <i>(Please Specify)</i> :
<input type="checkbox"/> Color <i>(Please Specify)</i> :	<input type="checkbox"/> Race <i>(Please Specify)</i> :
<input type="checkbox"/> Disability <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Other	<input type="checkbox"/> Religion <i>(Please Specify)</i> :
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Retaliation <i>(for example: because you have previously filed a complaint or assisted , etc.)</i> <i>(Please Specify)</i> :
<input type="checkbox"/> Ethnicity <i>(Please Specify)</i> :	
<input type="checkbox"/> Familial Status <input type="checkbox"/> Children Under the Age of 18 <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption/Guardianship	<input type="checkbox"/> Sexual Abuse Victim Status <input type="checkbox"/> Sexual Orientation <i>(Please Specify)</i> :
<input type="checkbox"/> Gender <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Gender Identity or Expression (including the Status of being Transgender/Gender Non-Conforming/Non-Binary) <i>(Please Specify)</i> :	<input type="checkbox"/> Stalking Victim Status

8. Acts of Alleged 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"/> Sexually harassed or intimidated me |
| <input type="checkbox"/> Fired me/laid me off | <input type="checkbox"/> Harassed or intimidated me (other than sexual) |
| <input type="checkbox"/> Demoted me | <input type="checkbox"/> Gave me different or worse duties than coworkers doing the same job |
| <input type="checkbox"/> Suspended me | <input type="checkbox"/> Gave me a disciplinary notice or negative performance review |
| <input type="checkbox"/> Denied me training | <input type="checkbox"/> Denied me a license by a licensing agency |
| <input type="checkbox"/> Denied me an accommodation for disability or a pregnancy-related condition | <input type="checkbox"/> Did not call me back after lay off |
| <input type="checkbox"/> Denied me overtime, leave time or other benefits. | <input type="checkbox"/> Denied me services or treated me differently (employment agency) |
| Specify: | <input type="checkbox"/> Unlawful inquiry on job application or in job advertisement (wage history, arrest record, conviction record) |
| <input type="checkbox"/> Paid me a lower salary than coworkers who are doing the same job | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Denied me a religious accommodation | |
| <input type="checkbox"/> Denied me a promotion or pay raise | |

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. Please explain how the discrimination was based upon the bases you checked in section "8", above. TYPE OR PRINT CLEARLY.

Notarization of Complaint and Acknowledgment/Waiver

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 represent and acknowledge that I do not have a pending lawsuit or administrative complaint (including with the New York State Division of Human Rights, any federal or civil rights agencies or any local commission located in Westchester County) with substantially similar allegations of discrimination, harassment, or retaliation based on the same transaction, occurrence, or series of transactions or occurrences described herein.

Sign your full legal name

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

Signature of Notary Public

State:

County:

Commission expires:

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:	
Telephone Numbers <i>(Please indicate primary number)</i> Home: Mobile/Cellular: Work: Other:	Email address:
2. Are you represented by an attorney? If so, provide the following contact information. <i>(Representation is not required to file a complaint)</i>	
Attorney's Name:	
Firm/Organization Name:	
Address:	
Telephone number:	Email address:
3. Alternate Contact <i>(someone who does not live with you but will know how to contact you if the Commission cannot reach you.)</i>	
Name:	
Telephone number:	
Address:	
Email address:	
Relationship to you:	
4. Special Needs: <i>I am in need of:</i>	
Interpretation (if so, what language?):	
Accommodation for Disability:	
Privacy. Keep my contact information confidential as I am a victim of domestic violence/sexual abuse/stalking.	
Other:	
5. Settlement. <i>To settle this complaint, I would accept (for example, monetary damages, reasonable accommodation for your disability, etc.):</i>	

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

Name:

Title:

Telephone Number:

Email Address:

Relationship to you:

What did this person witness?

Name:

Title:

Telephone Number:

Email Address:

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 you complained. What happened after you complained?

8. Did you apply for Unemployment Insurance Benefits? If so, what was the result?

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

10. Do you have any supporting documents, videos, photos or text messages?

Yes

No