

**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