

NEW YORK CITY HOUSING AUTHORITY

Department of Equal Opportunity
 250 Broadway - 27th Floor
 New York, NY 10007
 (212) 306-4468

**Resident/Applicant
 Discrimination
 Complaint Form**

Case No.

Date:

Please print the following information:

Name
Last First MI

Development Name

Development Address
 (No. & Street)

(Apt. #)

City (Zip Code) -

Your Home Address
 (No. & Street)

(Apt. #)

City (Zip Code) -

Daytime Telephone No.

Evening Telephone No.

Status of Complaint

Check one:

- This is a request for assistance from the Department of Equal Opportunity in order to conciliate a complaint of alleged discrimination and/or retaliation.
- This is a formal complaint of alleged discrimination and/or retaliation.

Jurisdiction

A Have you filed this complaint before? YES NO

If yes, please check appropriate box to indicate where you filed this complaint of discrimination and/or retaliation

- Dept. of Housing & Urban Development NY City Commission of Human Rights
- NY State Division of Human Rights

B Did the incident(s) occur within the last twelve (12) months? YES NO



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1. What is the alleged basis of discrimination (*Check any which apply*)

- | | |
|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Partnership Status |
| <input type="checkbox"/> Alienage/Citizenship | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender/Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion/Religious Observance |
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Military Status | <input type="checkbox"/> Retaliation for filing/opposing/assisting in investigation of complaint |
| <input type="checkbox"/> Marital/Familial Status | <input type="checkbox"/> Victim of domestic violence, dating violence or stalking |
| <input type="checkbox"/> Lawful Occupation | <input type="checkbox"/> Lawful Source of Income |

2. Explain what alleged discriminatory act(s) took place.

3. Name of Person(s) you believe discriminated against you? (*Please give name, title and location*)



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4. When did the alleged discrimination occur? Please be as specific as possible as to date(s) and time(s) of occurrence(s).

5. Where did it happen? Please be as specific as possible as to the location of alleged discrimination act(s).

6. Were there witnesses to the alleged discrimination? *(Please give name, title and organization and telephone #)*



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**NOTICE CONCERNING YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS
ENFORCEMENT AGENCIES.**

Any resident or applicant for housing who believes that he or she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below. A person does not give up this right when a complaint is filed with the Housing Authority's Department of Equal Opportunity. The following federal, state and local agencies enforce laws against discrimination:

New York City Commission on Human Rights

40 Rector Street, New York, NY 10006
(212) 306-7500

New York State Division of Human Rights

163 West 125th Street, New York, NY 10027 (212) 961-8650
20 Exchange Pl, 2nd Fl, New York, NY 10007 (212) 408-2522
55 Hanson Place, Brooklyn, NY 11217 (718) 722-2060
1 Fordham Plaza, Bronx, NY 10458 (718) 741-8400

U.S. Department of Housing and Urban Development

Fair Housing and Equal Opportunity
26 Federal Plaza
New York, NY 10278 1-800-496-4294

NOTE: There are statutory deadlines for filing complaints with each of these agencies. Applicants and Residents are advised to contact the agency where they wish to file a complaint in order to find out the applicable deadline.

I affirm that I have read the above Resident/Applicant Discrimination Complaint Form and that it is true, to the best of my knowledge, information and belief. I affirm that I have read the above notice concerning my rights to file a complaint with federal, state and local civil rights enforcement agencies.

_____ Date

_____ Complainant's Signature

(for Department use only)

Date Interviewed _____ By _____

