



Complaint of Discrimination

Department of Correction

DO NOT WRITE IN THIS SPACE
FOR USE BY DOC EEO OFFICE

Please print the following information

Name		Command/Office
Civil Service Title	Office Title	Your Supervisor
Home Address	City/State	Zip Code
Home Phone	Work Phone	Cell Phone

COMPLAINANT _____

RESPONDENT _____

Complaint # _____

Date Filed _____

What is the alleged basis of discrimination?
(Please check all that apply)

- Age
- Alienage
- Arrest/Conviction Record
- Color
- Creed
- Disability
- Gender (including Gender Identity)
- Predisposing Genetic Characteristics
- Marital Status
- Military Status
- National Origin
- Race
- Religion
- Sexual Harassment
- Sexual Orientation
- Status as Victim of Domestic Violence, Sex Offenses or Stalking
- Retaliation (for filing an EEO complaint or assisting in the investigation of an EEO complaint)
- Unemployment Status (effective June 11, 2013)

Give the name, title and division of the person(s) you believe discriminated against you.

When did the alleged discrimination occur? Date: ____/____/____

Where did it happen?

Were there witnesses to the discrimination? ____ Yes ____ No

(Please provide the name and location of any witnesses on the Witness Information Form)

Did you report this incident/s to anyone? ____ Yes ____ No

If so, please state the name, title and division of the person(s) to whom you reported it.

Have you filed a complaint about the alleged discrimination with any of the following agencies?

- New York City Commission on Human Rights
- New York State Division of Human Rights
- United States Equal Employment Opportunity Commission
- United States Department of Labor
- United States Department of Justice

(If so, please state the date and the complaint number)

Complaint # _____

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Description of Alleged Unlawful Discrimination

Please describe what happened to you, which you believe is unlawful discrimination, and how other persons were treated differently. This statement may be amended to correct mistakes or omissions. *(Please use extra pages if necessary)*

What corrective action do you want taken?

I certify that I have read the above charge and any attached pages that it is true to the best of my knowledge, information and belief, and that I have read the attached notices concerning my rights to file a complaint with federal, state and local civil rights enforcement agencies.

Date ____ / ____ / ____ Complainant's Signature _____

NOTICE

YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS ENFORCEMENT AGENCIES

Any employee or applicant for employment who believes that he or she have experienced unlawful 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 he or she file a complaint with the DOC EEO Officer, or any of the DOC EEO Representatives. 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) 306-7450
(212) 306-7686 (TTY)
Web Site: www.nyc.gov/html/cchr/home.html

NEW YORK STATE DIVISION OF HUMAN RIGHTS

One Fordham Plaza, 4th Floor
Bronx, NY 10458
(718)741-8400

or

163 West 125th Street, 4th Floor New York, NY 10027
(212) 961-8650
(212) 961-8999 (TTY)

or

20 Exchange Place, 2nd Floor
New York, NY 10005
(212) 480-2522

or

55 Hanson Place, 3rd Floor
Brooklyn, NY 11217
(718) 722-2856 Web site: www.nysdhr.com

UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office
33 Whitehall Street, 5th Floor
New York, NY 10004
(212) 336-3620; (212) 336-3622 (TTY)
Web Site: www.eeoc.gov

In addition to filing with the aforementioned agencies, a person with a complaint alleging discrimination based on disability may file with:

UNITED STATES DEPARTMENT OF JUSTICE
CIVIL RIGHTS DIVISION
Disability Rights Section
New York Avenue Building
950 Pennsylvania Avenue N.W.
Washington, D.C. 20530
(202) 307-0663 (voice and TDD)
Web site: www.usdoj.gov/crt/drs/drshome.htm

A person with a complaint alleging discrimination based on citizenship or immigration status may file with:

UNITED STATES DEPARTMENT OF JUSTICE
CIVIL RIGHTS DIVISION
Office of Special Counsel for Immigration-Related Unfair Employment Practices
New York Avenue Building
950 Pennsylvania Avenue N.W.
Washington, D.C. 20530 Voice: (202) 616-5594; (202) 616-5525; 1-800-237-2515
Web site: www.usdoj.gov/crt/osc

A person who has been discriminated against by a recipient of financial assistance from the U.S. Department of Labor may file a complaint, either with the recipient or with the Civil Rights Center (CRC). Those who wish to file complaints with CRC should mail their complaints to:

UNITED STATES DEPARTMENT OF LABOR
Director, Civil Rights Center
Frances Perkins Building, Room N-4123
200 Constitution Avenue, N.W.
Washington, D.C. 20210
(202)693-6502 (voice): (202) 693-6515 (TTY)
Web site: www.dol.gov/dol/oasam/crhome.htm

Please Note: There are statutory deadlines for filing complaints with each of these agencies. The deadline in some instances is as short as 180 days. If you wish to file a complaint with an external administrative agency, you should promptly contact any of these agencies directly or a private attorney for information about how to file a complaint, time limits, and how to preserve your rights.

Discrimination complaints filed with the DOC EEO Office must be made within One Year of the incident that you are complaining about.



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REQUEST FOR MEDIATION

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COMPLAINANT	

RESPONDENT	
Complaint#	_____
Date Filed	_____

Believing that I have a valid complaint of discrimination and desiring to resolve that complaint if possible, without resorting to formal investigation. I respectfully request that the agency EEO Officer attempt to mediate my complaint in accordance with the City of New York's Discrimination Complaint Procedure and the guidelines implementing those procedures.

Name of Complainant or Authorized Agent

Signature of Complainant or Authorized Agent

Date ___/___/___

Witnessed by:

Name of EEO Officer (print)

Signature of EEO Officer

Date ___/___/___



Department of Correction

WITNESS INFORMATION FORM
CONFIDENTIAL

COMPLAINT# _____

Name of Complainant _____

Please provide the name, address/location and telephone number of any witness to the alleged unlawful discrimination. If DOC employs the person please provide their division and title, if known.

If another city agency employs the witness please provide the name of the agency, if known.

Please complete a separate form for each witness.

(Please Print)

Name _____

Agency _____

Division _____

Civil Service or Office Title _____

Address/Location _____

Telephone () _____



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