

**County of Ulster
Human Rights Commission**

Jen Metzger
County Executive



Joe McDonald
Commissioner – Director
Ulster County Human Rights
Phone: (845) 334-5492
Fax: (845) 340-3149
Email: humanrights@co.ulster.ny.us

COMPLAINT FORM

Instructions:

Under the Human Rights Law in New York, every citizen has an “equal opportunity to enjoy a full and productive life.”

If you believe you have been discriminated against based on your being any of the protected classes listed above you can file a complaint with the Ulster County Commission on Human Rights to have your case examined by doing the following:

- 1) Fill out this form, answering all of the questions completing.
- 2) Attach copies of any documents that you think will help the Commission review your case (pay stubs, communications between parties, letter of termination, performance evaluation, disciplinary notice, etc.)
- 3) Submit the complaint form electronically, by email or in person return the complaint form at humanrights@co.ulster.ny.us or 2 Development Court, Kingston, NY 12401.
- 4) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

**If you have any questions, want information, or need help filling out the form, please call our office at:
(845) 334-5492 or email us at humanrights@co.ulster.ny.us**

Complainant's (person discriminated against) contact information:

Name: _____

Address: _____ Apt. or floor#: _____

City: _____ County: _____ State: _____ Zip: _____

Primary telephone number:

Alternate telephone number:

_____-_____
(area code)

_____-_____
(area code)

Email address: _____

I am in need of:

- a) An interpreter (if so, which language?): _____
- b) Accommodations for a disability: _____
- c) Other: _____

This law protects you from discrimination in areas such as employment, education, credit, public accommodations, and purchasing or renting a home or commercial space based on your:

Please indicate which protected class(es) you feel were discriminated against by checking the boxes below.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas. These exemptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

☐ **Age** (do not apply to Public Accommodations)

Date of Birth: _____

☐ **Genetic Predisposition** (Employment only). Please specify:

☐ **Arrest Record** (Only for Employment, Licensing, and Credit). Please specify:

☐ **Marital Status**. Please specify:

☐ **Conviction Record** (Only for Employment and Credit). Please specify:

☐ **Military Status**. Please specify:

☐ **Creed/Religion**. Please specify:

☐ **National Origin**. Please specify:

☐ **Disability**. Please specify:

☐ **Race/Color or Ethnicity**. Please specify:

☐ **Domestic Violence Victims Status** (Employment only). Please specify:

☐ **Sex/Gender**. Please specify:

☐ **Pregnancy**

☐ **Sexual Harassment**

☐ **Familial Status** (Housing and Credit only). Please specify:

☐ **Sexual Orientation**. Please specify:

☐ **Retaliation** (if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above)

Please check the list to make sure that you provided information only for the type of discrimination that relates to your complaint.

Complainant's (person discriminated against) contact information:

Name: _____

Address: _____ Apt. or floor#: _____

City: _____ County: _____ State: _____ Zip: _____

Primary telephone number:

Alternate telephone number:

_____-_____
(area code)

_____-_____
(area code)

Email address: _____

I am in need of:

d) An interpreter (if so, which language?): _____

e) Accommodations for a disability: _____

f) Other: _____

Please provide information below regarding the party that discriminated against you ("Respondent") including the name of the persons, firm, business, organization, etc. against whom you are filing.

I am making a complaint against _____ (Respondent),

Of _____
Street address

City: _____ Zip Code: _____ Telephone number: _____

Who, on or about _____, did, in my view, discriminate against me.
Date or time period of alleged act of discrimination

Description of the Discriminatory Act:

Please be specific and describe who, what, when, where, why, and how you were discriminated against and if you were injured. If you need additional space, use attached page. The complaint must be filed within one year from the date of the occurrence of the alleged unlawful discriminatory practice. If the alleged unlawful discriminatory practice is of a continuing nature, the dates of its occurrence shall be considered to be any date subsequent to the date that it stopped.

If more place is needed, please attach additional info.

Have you filed a complaint on this issue with any other agency or in court (State/Federal)?

Yes No

If yes, please state the case number, when, which agency or court, and what is the status of that case?

Please provide the names, address and phone numbers for any possible witnesses to your claim.

How would you like this issue to be resolved? Please note: This process is voluntary. All parties must consent to participate. Issues are resolved using Restorative Justice practices including mediation.

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Execution of Complaint:

” You must complete either the “declaration” or “oath” sections below. The declaration requires only your signature and does not need to be notarized. The oath requires that you sign it before a notary.

DECLARATION

I affirm this ____ day of _____ (month), _____ (year) at _____ (city), _____ (state), under penalties of perjury, that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and know the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believe the same to be true.
_____ [Complainant name]

OATH

I, _____, being duly sworn, deposes and says: that I am the complainant herein; that I have read (or had read to me) the foregoing complaint and knows the content thereof; that the same is true of my own knowledge except as to the matters therein stated on information and belief; and that as to those matters, I believes the same to be true. _____ Complainant signature
Subscribed and sworn to before me this day of , 20 _____ Signature of Notary
Public

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