



# New York State Employee Discrimination Complaint Form

Office of Employee Relations  
Anti-Discrimination Investigations Division  
Empire State Plaza  
Agency Building 2  
Albany, New York 12223  
[antidiscrimination@oer.ny.gov](mailto:antidiscrimination@oer.ny.gov)

**Instructions:** Use this form to file a claim of discrimination based on race, color, national origin, creed/religion, age, disability, military status, arrest/criminal conviction record, marital/familial status, predisposing genetic characteristics, pregnancy and related conditions, domestic violence victim status, citizenship or immigration status, gender/sex, sexual harassment, sexual orientation, gender identity, and/or retaliation.

Complete and return this form to the **Office of Employee Relations, Anti-Discrimination Investigations Division.**

## Section 1: Complainant Information

**Full Name** **Preferred Email Address (for complaint related communications)**

**Agency/Employer** **Title/Business Unit/Facility** **Work Schedule (days/hours)**

**Work Location/Address** **Work Phone #**

**Home Address** **Personal Phone #**

## Section 2: Supervisory Information

**Immediate Supervisor Name** **Title**

**Work Location/Address** **Work Phone #**

**2nd Level Supervisor Name** **Title**

**Work Location/Address** **Work Phone #**

## Section 3: Details of Claim

### 1. Your claim of discrimination is based upon (check all that apply):

- |                 |                                   |                                      |  |
|-----------------|-----------------------------------|--------------------------------------|--|
| Race            | Age                               | Marital/Familial Status              | Gender/Sex   |
| Color           | Disability                        | Predisposing Genetic Characteristics | Sexual Harassment  |
| National Origin | Military Status                   | Pregnancy and Related Conditions     | Sexual Orientation                                       |
| Creed/Religion  | Arrest/Criminal Conviction Record | Domestic Violence Victim Status      | Gender Identity  |
|                 |                                   | Citizenship or Immigration Status    | Retaliation (for having engaged in a protected activity) |

### 2. Your claim of discrimination is made against:

**Name 1** **Title**

**Agency** **Facility/Work Location** **Work Phone**

**Relationship to you:** Supervisor   Co-worker   Subordinate   Other → Please Specify:

**Name 2** **Title**

**Agency** **Facility/Work Location** **Work Phone**

**Relationship to you:** Supervisor   Co-worker   Subordinate   Other → Please Specify:



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3. Date(s) discrimination occurred:

Is the discrimination continuing?

Yes      No

4. Please describe the alleged discriminatory conduct and the reasons the conduct is discriminatory. Please include the names of witnesses, if any, and attach supporting documentation, if available. Attach additional pages, if necessary.

5. Have you filed a claim regarding this complaint with a federal, state, or local government agency?

Yes      No

6. Have you instituted a legal suit or court action regarding this complaint?

Yes      No

7. Have you hired an attorney with respect to the allegations in the complaint?

Yes      No

8. This complaint form was completed by:

- Complainant
- Supervisor/Manager
- Anti-Discrimination Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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