

# 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

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

Gender/Sex

Sexual Harassment Sexual Orientation Gender Identity

1. **Your claim of discrimination is made against:**

Citizenship or Immigration Status

Retaliation (for having engaged in

Name 1 Title

a protected activity)

Agency Facility/Work Location Work Phone

Relationship to you: Name 2

Supervisor

Co-worker

Subordinate

Other Please Specify:

Title

Agency Facility/Work Location Work Phone

Relationship to you:

ADID-04

Supervisor

Co-worker

Subordinate

Other Please Specify:

**Continued --->**

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1. **Date(s) discrimination occurred: Is the discrimination continuing?**

Yes No

1. **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.**
2. **Have you filed a claim regarding this complaint with a federal, state, or local government agency?**
3. **Have you instituted a legal suit or court action regarding this complaint?**
4. **Have you hired an attorney with respect to the allegations in the complaint?**

Yes No

Yes No

Yes No

1. **This complaint form was completed by:**

Complainant Supervisor/Manager

Anti-Discrimination Officer



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ADID-04

12/2023