

**ALLEGATION OF DISCRIMINATION**

**IMPORTANT NOTICE – PLEASE READ BEFORE FILLING OUT THIS FORM:**

**Filing a complaint with the New York State Office of Victim Services (OVS) is voluntary. OVS is not your attorney or advocate. OVS may or may not forward this complaint to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR) or other agencies for investigation. OVS does not take responsibility for your notifying your employer of a discrimination or retaliation claim, nor for filing this complaint with the appropriate agency or court within the appropriate time periods for doing so.**

**TO:**

ADA Coordinator/Human Resources Management  
Division of Criminal Justice Services  
Alfred E. Smith Building, 6th Floor  
80 South Swan Street  
Albany, NY 12210

**FROM:**

(Complainant)

(Please print or type)

**DATE:**

**COMPLAINANT:**

(First Name)

(Middle Initial)

(Last Name)

Mailing Address:

City/State/Zip:

Home Phone:

Other Phone:

E-Mail Address:

**AGENCY AGAINST WHOM DISCRIMINATION CLAIM FILED**

AGENCY NAME:

Contact Person: (First)

(Middle Initial)

(Last)

Mailing Address:

City/State/Zip:

Agency Phone:

Other Phone:

(1) Please indicate the type of discrimination you are alleging:

Race/Color       Disability

National Origin       Age

Religion       Sex

Retaliation

(2) Date the most recent incident being alleged last took place?

(3) Where did the most recent incident being alleged take place?

(4) What happened? Please provide a detailed account of the alleged discrimination:

(5) If this complaint is resolved to your satisfaction, what remedy are you seeking?

(6) Have you filed a case or complaint regarding this incident with any of the following?

\_\_\_\_\_ Civil Rights Division, U.S. Department of Justice

\_\_\_\_\_ Office of Civil Rights, Office of Justice Programs, U.S. Department of Justice

\_\_\_\_\_ U.S. Equal Employment Opportunity Commission (EEOC)

\_\_\_\_\_ Federal or State Court

\_\_\_\_\_ Bureau of Labor and Industries, Civil Rights Division

\_\_\_\_\_ Local human rights commission or fair employment practices agency

(7) For each item checked in 6 above, please provide the following information:

Name of Agency:

Date Filed:

Case or Docket Number:

Date of Trial or Hearing:

Location of agency or court:

Name of investigator:

Status of Case:

Comments:

(8) Do you have an attorney? \_\_Yes \_\_ No

\*\*\*\*\*

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Complaint NOT VALID unless signed)

\*\*\*\*\*

If this form has been completed by someone other than the person filing this complaint, please indicate name and agency name of person completing this form below, and date completed:

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Complainant's acknowledgement that above information has been completed accurately:

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

**For Official Use Only**

Received by Civil Rights Compliance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

(signature)

Date Acknowledgement Sent to Complainant:

Date Complaint Referred: to EEOC: \_\_\_\_\_ OCR: \_\_\_\_\_

Date Claimant Notified of Referral: