New York State Employee
Discrimination Complaint Form

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, gender/sex, sexual harassment, sexual orientation, gender identity, and/or retaliation.

Complete and return this form to the Governor's 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
   □ 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:

   Continued --->
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  
☐ Affirmative Action Administrator

Signature  

Date

Return the completed form (by email or mail) to the Governor’s Office of Employee Relations, Anti Discrimination Investigations Division:  

Empire State Plaza  
Agency Building 2  
Albany, New York 12223  
antidiscrimination@goer.ny.gov