

**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](mailto: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.”

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

- **Race**
- **Creed**
- **Color**
- **National origin**
- **Sexual orientation**
- **Military status**
- **Sex**
- **Age**
- **Marital status**
- **Domestic violence victim status**
- **Disability**
- **Immigration/Citizenship status**
- **Pregnancy-related condition**
- **Predisposing genetic characteristics**
- **Prior arrest or conviction record**
- **Gender Identity or Expression**
- **Familial status**
- **Lawful source of income (in housing only)**
- **Retaliation for opposing unlawful discriminatory practices**

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](mailto: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](mailto:humanrights@co.ulster.ny.us)**  
Visit our website at [UlsterCountyNY.org](http://UlsterCountyNY.org)

**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)

\_\_\_ home phone

\_\_\_ home phone

\_\_\_ work phone

\_\_\_ work phone

\_\_\_ cell phone

\_\_\_ cell phone

\_\_\_ other: \_\_\_\_\_

\_\_\_ other: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency contact person (someone who will know how to contact you if the department cannot reach you):**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_-\_\_\_\_\_  
(area code)

Relationship to complainant: \_\_\_\_\_

I am in need of:

a) An interpreter (if so, which language?): \_\_\_\_\_

b) Accommodations for a disability: \_\_\_\_\_

c) Other: \_\_\_\_\_

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.

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.

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

Yes    No

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

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Case number?

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

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**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:

**Please read carefully before signing. Please be sure to sign this form in front of a Notary Public.**

Based on the foregoing, I charge the above-name Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

I have not commenced any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

**I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct based on my current knowledge, information and belief.**

\_\_\_\_\_

Sign your Full Legal Name

Subscribed and sworn to before me this day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

Signature of Notary Public

My commission expires:

\_\_\_\_\_ Date on \_\_\_\_\_  
Signature of person making the Complaint month/day/year