

**County of Ulster  
Human Rights Commission**

Patrick K. Ryan  
*Acting County Executive*



Nina Dawson  
*Director, Human Rights*  
Phone: (845) 340-3147  
Fax: (845) 340-3149  
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**COMPLAINT FORM**

Instructions:

To file a complaint with the Commission on Human Rights:

- 1) Please fill out this form, answering all of the questions. If you are filling out the form on a computer, please print out the form when you are finished. You will not be able to save the completed form. If possible, please type. If you are filling out the form by hand, please print.
- 2) Attach copies of any documents that you think will help the Commission review your case (pay stubs, letter of termination, performance evaluation, disciplinary notice, etc.)
- 3) Return the complaint form to the Commission at the office located at 244 Fair St, Kingston, NY 12401.
- 4) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

Please feel free to visit our website at [UlsterCountyNY.org](http://UlsterCountyNY.org)

**If you have any questions, want information, or need help filling out the form, please call our office (845) 340-3147 to speak with the Director of the Commission.**

Protected Classes:

**Age** (you must be at least 18 years of age or parents or guardian file on your behalf)

**Arrest Record**, including youthful offender record or sealed conviction record.

**Conviction Record**

**Creed/Religion** (religious belief, practice, or observance)

**Disability** (a physical or mental condition)

**Domestic Violence Victims Status**

**Familial Status** (if you are pregnant or have children under age 18 in the household)

**Genetic Predisposition** (information from a genetic test)

**Marital Status** (single, married, separated, divorced, widowed)

**Military Status** (including military reserves)

**National Origin** (the country where you or your ancestors were born)

**Race/Color** (because you are Asian, Black, White, etc.; includes ethnicity)

**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 or below)

**Sex/Gender** (based on the fact that you are a male, female, or transgender, sexual stereotyping, sexual harassment, or pregnancy discrimination)

**Sexual Orientation** (heterosexual, homosexual, bisexual, asexual, or perceived)

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Contact Information:

**My personal information:**

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

Address: \_\_\_\_\_ Apt. or floor#: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My primary telephone number:

My secondary telephone number:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(area code)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(area code)

home phone

home phone

work phone

work phone

cell phone

cell phone

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

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

My email address: \_\_\_\_\_

**Contact person** (someone who does not live with you but will know how to contact you if the Commission cannot reach you):

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

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

Relationship to me: \_\_\_\_\_

**Special needs:**

I am in need of:

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

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

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

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**Basis of Discrimination:**

Please tell us why you were discriminated against by checking one or more boxes below. (Only the boxes that you believe were a reason for the discrimination). Refer to page 1 for an explanation of each of the terms.

**Please note:** Some types of discrimination on this list do not apply to all of the regulated areas listed on page 1. (For example, Conviction Record applies only to Employment and Credit complaints, and Familial Status is a basis only in Housing and Credit complaints). 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)

**Disability.** Please specify:

**Date of Birth:** \_\_\_\_\_

**Genetic Predisposition** (Employment only).  
Please specify:

**Race/Color or Ethnicity.** Please specify:

**Arrest Record** (Only for Employment, Licensing, and Credit). Please specify:

**Domestic Violence Victims Status** (Employment only). Please specify:

**Marital Status.** Please specify:

**Sex/Gender.** Please specify:

**Conviction Record** (Only for Employment and Credit). Please specify:

**Pregnancy**

**Military Status.** Please specify:

**Sexual Harassment**

**Creed/Religion.** Please specify:

**Familial Status** (Housing and Credit only). Please specify:

**National Origin.** 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.**



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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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Do you know the case number?  Yes  No

If yes, please write it down: \_\_\_\_\_

*Continue describing the discriminatory act:*

Where did this happen?

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Who is/are your helpful witness(es)?

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Where there any injuries or damages?

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When did this happen?

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### Particulars of Complaint

Please specifically explain what happened to you, including the acts done and dates of the occurrence. 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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Please explain how these acts affected you or others:

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Please indicate, if possible, how your family and friends would describe how you are affected:

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**Additional Information:**

Please provide the names, address and phone numbers for any possible witnesses and what each person witnessed with respect to your charge:

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What needs to happen, in your view, to resolve the issue?

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Upon reflection, do you believe that you contributed, in some way, to cause this issue to arise?

Yes    No

If yes, how? \_\_\_\_\_

**Note to Complainant:**

A copy of this Complaint may be sent to the Respondent (person, company or organization you are complaining against) unless the Ulster County Human Rights Commission receives a written notice of withdrawal from you. Any information you provide to any Commissioner or Commission employee may be forwarded to the Respondent or other parties to the Complaint.

I also understand that any false statement made in this Complaint is punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

\_\_\_\_\_  
Signature of person making the Complaint

Date on \_\_\_\_\_  
month/day/year

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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:

