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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

**County of Ulster  
Human Rights Commission**



Patrick K. Ryan  
*County Executive*

Tyrone Wilson  
*Commissioner, Human Rights*  
Phone: (845) 334-5492  
Fax: (845) 340-3149  
Email: [tywi@co.ulster.ny.us](mailto:tywi@co.ulster.ny.us)

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:

