

**NEW YORK CITY HOUSING AUTHORITY  
DEPARTMENT OF EQUAL OPPORTUNITY  
OFFICE OF EMPLOYMENT & FAIR HOUSING INVESTIGATIONS  
250 BROADWAY, 3rd FLOOR  
NEW YORK, NEW YORK 10007**

**COMPLAINT OF ALLEGED DISCRIMINATION**

**EEO CASE NO.** \_\_\_\_\_

**I. Identity of Complainant**

First Name	Last Name	Employee ID Number	Date
Title		<input type="checkbox"/> Civil Service <input type="checkbox"/> Provisional	
Home Address			
		Home Telephone	
NYCHA Division or Location			
Your Supervisor's Name			
Your Office Address		Your Office Telephone	

**II. Status of Complaint**

<p><b>Check one:</b></p> <p><input type="checkbox"/> This is a request for assistance from the Office of Employment Opportunities in order to conciliate a complaint of alleged discrimination and/or retaliation.</p> <p><input type="checkbox"/> This is a formal complaint of alleged discrimination and/or retaliation.</p>
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**III. Jurisdiction**

<p><b>A.</b> Have you ever filed this complaint before?     <input type="checkbox"/> YES     <input type="checkbox"/> NO</p> <p>If yes, please check appropriate box to indicate where you filed this complaint of discrimination and/or retaliation</p> <p><input type="checkbox"/> EEOC     <input type="checkbox"/> NY State Division of Human Rights</p> <p><input type="checkbox"/> NY City Commission on Human Rights     <input type="checkbox"/> Other (specify) _____</p>
<p><b>B.</b> Did the incident(s) occur within the last twelve (12) months?     <input type="checkbox"/> YES     <input type="checkbox"/> NO</p>

**IV. Nature of Complaint**

**A. What is the alleged basis of discrimination? (Check any which apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Age (specify) _____                  | <input type="checkbox"/> Partnership Status  |
| <input type="checkbox"/> Alienage/Citizenship (specify) _____ | <input type="checkbox"/> Predisposing Genetic Characteristic                                       |
| <input type="checkbox"/> Arrest/Conviction _____              | <input type="checkbox"/> Prior Salary History _____  |
| <input type="checkbox"/> Caregiver Status _____               | <input type="checkbox"/> Race (specify) _____  |
| <input type="checkbox"/> Color (specify) _____                | <input type="checkbox"/> Religion (specify) _____  |
| <input type="checkbox"/> Disability (specify) _____           | <input type="checkbox"/> Retaliation for filing /opposing /assisting in investigation of complaint |
| <input type="checkbox"/> Gender (specify) _____               | <input type="checkbox"/> Sexual Harassment   |
| <input type="checkbox"/> Marital Status (specify) _____       | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Military Status                      | <input type="checkbox"/> Victim of Domestic Violence, Stalking or Sex Offenses                     |
| <input type="checkbox"/> National Origin (specify) _____      | <input type="checkbox"/> Unemployment Status   |
| <input type="checkbox"/> Other _____                          |  |

**B. Explain what alleged discriminatory act(s) took place.**

**C. Name of person(s) you believe discriminated against you (please give name, title and division of each).**

**D. When did the alleged discrimination occur? Please be as specific as possible as to date(s) and time(s) of occurrence(s).**

**E. Where did it take place? Please be as specific as possible as to the location of alleged discriminatory act(s).**

**F. Were there witnesses to the alleged discrimination? Please give name(s), title(s) and division(s) and telephone number(s) of each witness.**

**G. Did you report the alleged discrimination to anyone? If so, please state the name(s), title(s), division(s) and telephone number(s) of each person to whom you reported.**

**H. What corrective action do you want taken?**

**GOVERNMENT AGENCIES WHICH ADDRESS COMPLAINTS OF EMPLOYMENT  
DISCRIMINATION**

Any employee or applicant for employment that believes he or she has experienced discrimination has a right to file a formal complaint with the federal, state or local agencies listed below. A person does not give up this right when a complaint is filed with the Department of Equal Opportunity. The following federal, state and local agencies enforce laws against discrimination:

**NEW YORK CITY COMMISSION ON HUMAN RIGHTS**

22 Reade Street, 18<sup>th</sup> Floor  
New York, New York 10007  
(212) 306-7560

**NEW YORK STATE DIVISION OF HUMAN RIGHTS**

**(MAIN OFFICE – NO COMPLAINTS – INDIVIDUALS WITH COMPLAINTS ARE USUALLY GIVEN ADDRESS/  
TELEPHONE NO. OF NEAREST LOCATION TO INDIVIDUAL)**

1 Fordham Plaza  
Bronx, New York 10458  
(718) 741-8450

163 West 125<sup>th</sup> Street, 4<sup>th</sup> Floor  
New York, New York 10027  
(212) 961-8650/51/52

55 Hanson Place, Room 304  
Brooklyn, New York 11217  
(718) 722-2856

175 Fulton Avenue, Suite 211  
Hempstead, New York 11550 **(LONG ISLAND)**  
(516) 538-1360

**UNITED STATES EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**

**New York District Office**

33 Whitehall Street, 11<sup>th</sup> Floor  
New York, New York 10004  
(212) 336-3620

Note: There are statutory deadlines for filing complaints with each of the agencies listed above. Employees are advised to contact the respective agency where they wish to file a complaint in order to find out the applicable deadline.

**I affirm that I have read the complaint of alleged discrimination and that it is true, to the best of my knowledge, information and belief. I affirm that I have read the above notice concerning my rights to file a complaint with federal, state and local civil rights enforcement agencies.**

\_\_\_\_\_ Date

\_\_\_\_\_ Complainant's Signature

**FOR OFFICE USE ONLY**

Date

EEO Intake

Date Interviewed \_\_\_\_\_

By \_\_\_\_\_

NJL?

Yes

No