New York State Education
Department Office of Diversity and
Access
Room 528, Education Building Albany,
NY 12234
Diversity@NYSED.GOV

Discrimination Complaint Form

Date of File

Instructions: Use this form to file a claim of discrimination based on a protected category or a claim of retaliation for participation in a discrimination complaint process.

Complete and return this form to the SED Office of Diversity and Access.

Name	rmation	Title	
Region/Facility		Work Schedule (days/hours)	
Work Address			Work Phone
Home Address			Home Phone
Section 2: Supervisory Infor	mation	Title	
Immediate Supervisor Name		Title	
Work Address			Work Phone
2nd Level Supervisor Name		Title	
Work Address			Work Phone
Section 3: Details of Claim	:- hd		all that are led-
Race	is based upon membership in the fo		Predisposing Genetic Characteristic
Age	Disability Religion/Creed	National Origin/Ethnicity Domestic-Violence-Victim-Status	Color
Military Status Sex/Gender Identity	Criminal Conviction/Arrest Record HIV/AIDS Status	Marital/Family Status	Sexual Orientation
•	nation you believe you were subject	to, if applicable (check all that app	oly):
C. Your claim of discrimination	is made against:		
Name 1		Title	
Work Address			Work Phone
Relationship to you: Supervisor	or Co-worker Subordinate	Other Please Specify:	

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Name 2

Discrimination Complaint Form

Yes

Yes

Yes

No

No

No

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Work Address						Work Phone
Relationship to you:	Supervisor	Co-worker	Subordinate	Other —	→ Please Specify:	
D. Date(s) discrimination occurred:				Is the discrimination continuing?		
				Yes	No	
E. Please describe br Attach additional pag			ory conduct and	d include any r	names of witnesses or	supporting documents.

Title

- F. 1. Have you filed a claim regarding this complaint with a federal, State, or local government agency?
 - 2. Have you instituted a legal suit or court action regarding this complaint?
 - 3. Have you hired an attorney with respect to the allegations in the complaint?

G. This complaint form was completed by: Equal Employment Opportunity Specialist

Complainant

Supervisor/Manager