[](https://xaviermission.org/)

|  |
| --- |
| DO NOT WRITE IN THIS SPACE  FOR USE BY XM OFFICE  Case Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CASE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Claim Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COMPLAINT** **OF HARASSMENT OR DISCRIMINATION**

Name: Telephone No.:

===============================================================================

What is the alleged basis of harassment/discrimination? (Check all which apply)

Age: National Origin:

Alienage/Citizenship: Arrest/Conviction:

Color: Race:

Creed: Religion:

Disability: Sexual Orientation:

Gender: Status as a Victim of Domestic Violence, Sex   
Marital Status: Offense or Stalking:

Military Status:

Retaliation for filing/assisting in investigation of complaint:

AND/OR This is a complaint of Sexual Harassment: \_\_\_\_\_\_\_\_\_\_\_

Against whom are you making this Complaint?:

**Complaint of Discrimination Form – p.2 of 4**

Have you filed a complaint about the alleged discrimination with any of the following agencies?  
If so, please state the date and number of the complaint.

New York City Commission of Human Rights:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New York State Division of Human Rights:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United States Equal Employment Opportunity Commission:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United States Department of Labor:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complaint #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what happened to you, which you believe is unlawful discrimination, and how other persons were  
treated differently. This statement may be amended to correct mistakes or omissions. Please use extra pages if   
necessary.

**Complaint of Discrimination Form – p.3 of 4**

What corrective action do you want taken?

I certify that I have read the above charge, that it is true to the best of my knowledge, information and belief  
and that I have read the attached notices concerning my rights to file a complaint with federal, state and local civil rights enforced agencies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Complainant’s Signature

**Complaint of Discrimination Form – p.4 of 4**

**NOTICE**

**YOUR RIGHTS TO FILE A COMPLAINT WITH CIVIL RIGHTS  
ENFORCEMENT AGENCIES**

Any person who believes that s/he has experienced harassment or discrimination has a right to file a formal complaint with several federal, state or local agencies, some of which are listed below. A person does not give up this right when s/he files a complaint with Xavier Mission. The following federal, state and local agencies enforce laws against discrimination.

NEW YORK CITY COMMISSION ON HUMAN RIGHTS  
40 Rector Street  
New York, NY 10006  
(212) 306-7500  
(212) 306-7686 (TTY)

NEW YORK STATE DIVISION OF HUMAN RIGHTS  
163 West 125th Street, 4th Floor  
New York, NY 10027  
(212) 961-8650  
(212) 961-8999 (TTY)  
 or

20 Exchange Place, 2nd Floor  
New York, NY 10005  
(212) 480-2522  
 or

One Fordham Plaza, 4th Floor  
Bronx, NY 10458  
(718) 741-8400  
 or

55 Hanson Place, 3rd Floor  
Brooklyn, NY 11217  
(718) 722-2856

UNITED STATES EQUAL EMPLOYMENT  
OPPORTUNITY COMMISSION  
New York District Office  
33 Whitehall Street, 5th Floor  
New York, NY 10004-2112  
(212) 336-3620  
(212) 336-3622 (TTY)

In addition to filing with the agencies listed above, a person with a complaint alleging discrimination based on disability may file with:

UNITED STATES DEPARTMENT OF JUSTICE  
Constitution Avenue & Tenth Street, N.W.  
Washington, DC 20530  
(202) 514-0301 (Voice)  
(202) 514-0381 (TTY)  
(202) 514-0383 (TTY)