



# The City of Peekskill Human Relations Commission

*Presents:*

## HOW TO FILE A COMPLAINT WITH THE NEW YORK STATE DIVISION OF HUMAN RIGHTS

January 20, 2019

# Purpose

- ⦿ The purpose of this presentation is to provide you with the information you need to file a complaint with the New York State Division of Human Rights
- ⦿ The information presented here does not constitute legal advice. The City of Peekskill Human Relations Commission does not represent the New York State Division of Human Rights.
- ⦿ If you have questions about the validity of your case, you should contact the Regional Office of the New York State Division of Human Rights found here:

White Plains

7-11 South Broadway, Suite 314

White Plains, New York 10601

Telephone No. (914) 989-3120

Or you may consult with an attorney.

# Do you think you've been a victim of discrimination based on your identity or beliefs?

- ⦿ If so, this presentation will give you information on how to ask New York State's Division of Human Rights to investigate on your behalf
- ⦿ The Information in this presentation comes from New York State's Division of Human Rights (DHR) website.
- ⦿ The City of Peekskill Human Relations Commission does not represent the State's Division of Human Rights. Any questions specific to this process should be directed to your DHR Regional Office.

# Did you know that New York State Human Rights Laws protect you against discrimination in the areas of:

- Employment
- Apprenticeship and training
- Purchase and rental of housing and commercial space
- Places of public accommodation
- Non-sectarian, tax-exempt educational institutions
- All credit transactions

# Under NY State Law, you may not be discriminated against based on:

- Race
- Creed
- Color
- National origin
- Sexual orientation
- Military status
- Sex
- Age
- Marital status
- Domestic violence victim status
- Disability
- Pregnancy-related condition
- Predisposing genetic characteristics
- Prior arrest or conviction record
- Familial status
- Retaliation for opposing unlawful discriminatory practices
- Gender identity, transgender status, and gender dysphoria are covered as sex discrimination and may be covered as disability discrimination

# Filing with the State

- ⦿ You can file a complaint with the New York State Division of Human Rights (DHR) and they will investigate on your behalf.
- ⦿ However, this is a legal path forward and you must do so in a timely manner and follow specific procedure.
- ⦿ You may also file through Westchester County—however, this presentation is focused on the State process

# How to file a human rights discrimination complaint with NY State Human Rights Division:

1. Fill out a [complaint form](#)
2. Get your completed form notarized. Notary services are available at the Division free of charge.
3. Attach copies of any supporting documents or evidence, such as email correspondences or paystubs
4. Submit the completed and notarized complaint form to the [regional office](#) nearest you in person, by mail, email at [complaints@dhr.ny.gov](mailto:complaints@dhr.ny.gov), or fax (718) 741-8322.
5. Keep a copy of your complaint and copies of any documents you attach for your own records.



# Example 2: Housing Discrimination

To be mailed to:  
 Your nearest regional office  
 White Plains 7-11 South Broadway, Suite 314 White Plains, New York 10601  
 Telephone No. (914) 989-3120

**Note: MUST be mailed within one (1) year of incident**

## New York State Division of Human Rights Complaint Form

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box		Apt or Floor #.
City	State	Zip Code
<b>2. Who discriminated against you?</b>		
<input type="checkbox"/> Owner/Landlord	<input type="checkbox"/> Condo Association	<input type="checkbox"/> Bank or Other Lender
<input type="checkbox"/> Manager/Superintendent	<input type="checkbox"/> Co-op Board	<input type="checkbox"/> Builder
<input type="checkbox"/> Public Housing Agency	<input type="checkbox"/> Real Estate Salesperson/ Real Estate Broker	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Temporary Housing/Shelter		
<b>3. You are filing a complaint against:</b>		
Name		Name
Street Address/ PO Box		Street Address/ PO Box
City	State	Zip Code
Telephone Number: ( ) _____ - _____ Ext. _____		Telephone Number: ( ) _____ - _____ Ext. _____
Individual people who discriminated against you:		
Name: _____		Title: _____
Name: _____		Title: _____
If you need more space, please list them on a separate piece of paper.		
<b>4. Where did the alleged discrimination occur?</b>		
Who owns the property involved? _____		
Who manages the property? (if applicable) _____		
What kind of property was involved?		
<input type="checkbox"/> Single-family house	<input type="checkbox"/> Mobile home	
<input type="checkbox"/> Two-family house	<input type="checkbox"/> Building with 2-4 apartments	
<input type="checkbox"/> Commercial space	<input type="checkbox"/> Building with 5 or more apartments	
<input type="checkbox"/> Other: _____		
Does the owner live on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
Does the owner own more than one property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
Was this property being sold or being rented? <input type="checkbox"/> Being sold <input type="checkbox"/> Being rented <input type="checkbox"/> Not applicable		
Are you currently living there? <input type="checkbox"/> Yes <input type="checkbox"/> No		

# Example 3: Domestic Workers Discrimination

To be mailed to:  
Your nearest regional office

White Plains 7-11 South  
Broadway, Suite 314 White Plains,  
New York 10601 Telephone No.  
(914) 989-3120

Note: MUST be mailed within one  
(1) year of incident

## New York State Division of Human Rights Domestic Workers Employment Complaint Form

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
<b>2. You are filing a complaint against:</b>		
Employer Name		
Street Address/ PO Box		
City	State	Zip Code
Telephone Number: ( ) - Ext. _____		
In what county or borough did the violation take place?		
Individual people who discriminated against you:		
Name: _____	Title: _____	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		
<b>3. Date of alleged discrimination (must be within one year of filing):</b>		
The most recent act of discrimination happened on: _____ month _____ day _____ year		
<b>4. How many employees does this employer have?</b> _____		
<b>5. Are you currently working with the employer you are filing against?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes. Date of hire: _____ month _____ day _____ year		
<input type="checkbox"/> No. Last day of work: _____ month _____ day _____ year		
<b>6. Do you, or did you ever, live in your employer's home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>7. Basis of alleged discrimination:</b>		
Check <b>ONLY</b> the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.		
<input type="checkbox"/> Creed/ Religion Harassment: Identify: _____	<input type="checkbox"/> National Origin Harassment: Identify: _____	
<input type="checkbox"/> Gender/Sex Harassment: Identify: _____	<input type="checkbox"/> Race/Color or Ethnicity Harassment: Identify: _____	

# Example 4: Other Discrimination Complaints

To be mailed to:  
Your nearest regional office

White Plains 7-11 South  
Broadway, Suite 314 White Plains,  
New York 10601 Telephone No.  
(914) 989-3120

Note: MUST be mailed within one  
(1) year of incident

## New York State Division of Human Rights Complaint Form

### CONTACT INFORMATION

My contact information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt or Floor #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REGULATED AREAS

I believe I was discriminated against in the area of:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employment  | <input type="checkbox"/> Education               | <input type="checkbox"/> Volunteer firefighting              |
| <input type="checkbox"/> Apprentice Training   | <input type="checkbox"/> Boycotting/Blacklisting | <input type="checkbox"/> Credit                              |
| <input type="checkbox"/> Public Accommodations<br>(Restaurants, stores, hotels, movie<br>theaters amusement parks, etc.) | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Labor Union, Employment<br>Agencies |
| <input type="checkbox"/> Commercial Space  | <input type="checkbox"/> Internship              |  |

I am filing a complaint against:

Company or Other Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
(area code)

Individual people who discriminated against me:

Name: _____	Name: _____
Title: _____	Title: _____

### DATE OF DISCRIMINATION

The most recent act of discrimination happened on: \_\_\_\_\_  
month day year

# Step 1: Fill Out Complaint Form

- There are four (4) complaint forms for different grievances.
  - **employment** discrimination
  - **housing** discrimination
  - **domestic worker** [employed in the home or residence of another person for the purposes of housekeeping, childcare, companionship, or any other domestic service purpose]
- You must fill out the right form and send it to the right location

# Step 1 (continue): Complaint Form

- Make sure you fill out the right form
- All complaint forms can be found online on the New York State's Human Rights Division website:  
<https://dhr.ny.gov/complaint>
- If you need help filling out the form, you can make an appointment at your regional office and someone will help you fill out the form

# Step 2: Notarize Complaint

- After you have filled out the form, have your complaint form notarized.
- You can get your complaint notarized free of charge at your regional office:
  - White Plains Regional Office  
7-11 South Broadway, Suite 314  
White Plains, New York 10601 Telephone No. (914) 989-3120

# Step 3: Attach Supporting Documents

- Attach **copies** of any supporting documents or evidence, such as email correspondences, paystubs, disciplinary notices, etc.
- Keep the original documents for your own records

# Step 4: Submit the Forms

- ◎ Submit the completed and notarized complaint form to the [regional office](#) nearest you in person, by mail, email at [complaints@dhr.ny.gov](mailto:complaints@dhr.ny.gov), or fax (718) 741-8322.

# What happens next?

1. The regional office will notify the respondent(s). A respondent is a person or entity who you believe discriminated against you.
2. Then, DHR will resolve any questionable issues of jurisdiction.
3. If applicable, a copy of your complaint will be forwarded to the U.S. Equal Employment Opportunity Commission (EEOC) or the U.S. Department of Housing and Urban Development (HUD).
4. An investigation will be conducted using methods like written inquiry, field investigation and investigatory conference.
5. In most cases the investigation will be completed within 180 days.

# What are the typical outcomes?

- ⦿ Once the investigation is complete, the Division will determine if there is probable cause that an act of discrimination has occurred, and will notify the complainant and respondent in writing.
- ⦿ If there is a finding of no probable cause, or lack of jurisdiction, the matter is dismissed. A complainant may appeal to the State Supreme Court within 60 days.
- ⦿ If it is determined that there is probable cause your case will be presented in a public hearing.

# Statistics

- In FY 2016-2017, there were 6,128 complaints filed with 98.4% (6,033) of those cases getting resolved.
- The average time it took for the cases to be resolved was 156 days. The State has 180 days to resolve the cases.
- 84.4% of complaints were related to employment, and the top two reasons for the complaints were discrimination related to race (33.1%) and disability (32.8%)
- In FY 2016-2017, 61.9% of investigations resulted in no probable cause, 13.3% were dismissed, 10.7% were settlements, and 14.1% were probable cause (proceeded to a hearing).
- Of those who proceeded to a hearing, 79.9% were settled, 13.8% were dismissed (usually to see it go to state or federal court), 4.9% dismissed after hearing while 1.4% were sustained after the hearing.

Source: <https://dhr.ny.gov/sites/default/files/pdf/ARFY201617.pdf>

# Notable Cases, Example 1: Familial Status

- *Housing Opportunities Made Equal, Inc. (H.O.M.E.) v. Kate Li Li v. New York State Div. of Human Rights*, (4th Dept. 2017)
- The Commissioner's Final Order found that the respondent refused to rent to families with children.
- The Division's order for \$8,000 in punitive damages and \$3,396.50 in economic loss to the complainant, \$3,000 in civil fines, and interest on the awards was confirmed by the Appellate Division, Fourth Department.

# Notable Cases, Example 2: Disability

- ⦿ *Kevin C. Benjamin v. Consolidated Edison Company of New York, Inc.*
- ⦿ The complainant, an electrical technician for a utility company, was found to have been discriminated against and terminated due to his disability, despite being able to effectively perform his job.
- ⦿ The Division ordered the technician to be reinstated, awarded him \$375,000 in lost wages and emotional suffering damages, and fined the respondent \$50,000 as a civil penalty payable to the State of New York.

# Disclaimer:

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- ⦿ Or you may consult with an attorney.