



Mayor Mike Spano

CITY OF YONKERS

Carlos Moran
Commissioner of Human Resources

DEPARTMENT OF HUMAN RESOURCES
One Larkin Center

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**GRIEVANCE FORM FOR RESOLUTION OF COMPLAINTS
ALLEGING DISCRIMINATION BASED UPON
RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (Including Sexual
Harassment), GENDER EXPRESSION, SEXUAL ORIENTATION OR DISABILITY**

Please fill out the following form in its entirety. Refer to the instructions to complete the document. Do not leave any blanks. If a section does not pertain to your issue, please enter N/A. If you need assistance please contact Angeline Vasquez at the number or email listed below.

PLEASE FORWARD TITLE VI & TITLE IX TO:

Angeline Vasquez
Department of Human Resources
One Larkin Center, 2nd Floor
Yonkers, NY 10701
Phone: (914) 377-6186

AngelineR.Vasquez@YonkersNY.gov

OR

504 REGULATIONS TO:

Pupil Support Services and Special Educations
One Larkin Center
Yonkers, NY 10701
(914) 376-8209

YonkersNY.gov

Instructions for City of Yonkers Human Rights Complaint Form

1) Please fill out the complaint form completely, answering all of the questions. If you feel a section does not apply to you, please enter N/A. If possible, please type. If you are filling out the form by hand, please print. Please do not write in the margins or on the back of this form.

Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.

2) Attach copies of any documents that you think will help the Division investigate your case (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

3) Return the complaint form to the address listed on the cover page. You may return the complaint by postal mail or personal delivery. You may also email your complaint to AngelineR.Vasquez@YonkersNY.gov.

4) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

5) The completed form must be returned to the Department of Human Resources promptly. After the Department accepts your complaint, we will contact the department or person(s) whom you are charging with discrimination.

6) The Department of Human Resources investigates complaints of discrimination based on: (Number 7, page 2 of Complaint form).

Age (if you are at least 18 years of age)

Arrest Record (that was resolved in your favor or adjourned in contemplation of dismissal or youthful offender record or sealed conviction record)

Conviction Record (only for private employers; against public employers, you must file directly in state court)

Creed / Religion (religious belief, practice, or observance)

Disability (A physical or mental condition or denial of reasonable accommodation.)

- Denial of Use of Guide Dog, Hearing Dog, or Service Dog
- Familial Status (if you are pregnant, are a parent of child under 18, or have a child under age 18 in the household.)

Gender Identity or Expression (actual or perceived gender-related identity, appearance, behavior, expression, or other gender-related characteristic regardless of the sex assigned to that person at birth, including, but not limited to, the status of being transgender)

Race/Color (because you are Asian, Black, White, etc.; includes ethnicity; includes traits historically associated with race such as hair texture or hairstyle)

Military Status (including military reserves)

Marital Status (single, married, separated, divorced, widowed)

National Origin (the country where you or your ancestors were born)

Predisposing Genetic Characteristics (information from a genetic test)

Pregnancy-Related Condition (a medical condition related to pregnancy or childbirth or denial of reasonable accommodation of such condition)

Sexual Orientation (heterosexual, homosexual, bisexual, asexual, whether actual or perceived)

Sex (because of your gender, includes sexual stereotyping, sexual harassment, pregnancy)

Retaliation (If you filed a discrimination case before, were a witness or helped someone else with a discrimination case, or opposed or reported discrimination due to race, sex, or any other category listed on this page.) Relationship or Association (with a member or members of a protected category covered under the relevant provisions of the Human Rights Law).

Please Note: The Department investigates complaints only if the discrimination is based on one or more of the above reasons. The Department cannot investigate unfair treatment that does not involve one of these reasons. If you do not see anything in this list that applies to your situation, please contact the Department of Human Resources to speak with Angeline Vasquez at (914) 377-6186.

<input type="checkbox"/> No. Last day of work: _____ month day year	What was your position?
<input type="checkbox"/> I was never hired. Date of application: _____ month day year	What position did you apply for?

7. Basis of alleged discrimination:

Check **ONLY** 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"/> Age: Date of Birth: _____	
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How did you oppose discrimination: _____

8. Acts of alleged discrimination: *What did the person/company you are complaining against do? Check all that apply*

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off

Additional Information

This page is for the Division's records and will remain confidential and will not be sent to the company or person(s) whom you are filing against.

1. Contact Information

My primary telephone number: () -	My secondary telephone number: () -
My email address:	Date of birth:

Contact person: *(Someone who does not live with you but will know how to contact you if the Division cannot reach you)*

Name: _____
Telephone number: () _____ - _____
Address: _____
Email address: _____
Relationship to me: _____

2. Special Needs I am

in need of:

- Interpretation (if so what language?): _____
- Accommodations for a disability: _____
- Privacy. Keep my contact information confidential as I am a victim of domestic violence
- Other: _____

3. Settlement / Conciliation

To settle this complaint, I would accept: *(Explain what you want to happen as a result of this complaint. Do you want a letter of apology, your job back, lost wages, an end to the harassment, etc.?)*

4. Witnesses *(information about witnesses may be shared with the parties as necessary for the investigation)*

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Title: _____

Telephone Number: () _____ - _____ Relationship to me: _____

What did this person witness?

Name: _____ Title: _____

Telephone Number: () _____ - _____ Relationship to me: _____

What did this person witness?

5. Did you report or complain about the discrimination to someone else? Yes No

If yes, how exactly did you complain about the discrimination? *(To whom did you complain?)*

Date you reported or complained about discrimination: _____ month _____ day _____ year

What happened after you complained?

If you did not report the discrimination, please explain why:

6. Were other people treated the same as you? How?

(For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.

7. Were other people treated better than you? How?

(For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, etc.).

If you are complaining about discrimination relating to race, national origin, age, religion, etc. please describe their races, national origins, religions, etc.
