



# OFFICE OF THE INSPECTOR GENERAL CLAIM OF DISCRIMINATORY TREATMENT

Rev. 03/25

Please complete this form to file a complaint with the Inspector General's Office. Any individuals contacted by the Office of the Inspector General will be asked not to disclose the facts or contents of your claim unless disclosure is necessary.

## Your Information

Name  Title

Work Location

City  State  Zip

Home Address

City  State  Zip

Home Phone  Cell Phone  Work Phone

Email

## Complaint Information

Following receipt of your claim, you will be advised of the name and telephone number of the staff member responsible for investigating your claim. You also will be informed if the office needs further information or if there is a reason why the office cannot proceed with the investigation. You may file complaint anonymously.

I believe that I have been treated in a discriminatory manner based on my:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Age                             | <input type="checkbox"/> Domestic violence victim status | <input type="checkbox"/> Predisposing genetic characteristics            |
| <input type="checkbox"/> Arrest record/conviction record | <input type="checkbox"/> Familial status                 | <input type="checkbox"/> Race  |
| <input type="checkbox"/> Citizenship/immigration status  | <input type="checkbox"/> Gender identity or expression   | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Color                           | <input type="checkbox"/> Marital status                  | <input type="checkbox"/> Sex (including sexual harassment and pregnancy) |
| <input type="checkbox"/> Creed                           | <input type="checkbox"/> Military status                 | <input type="checkbox"/> Sexual orientation                              |
| <input type="checkbox"/> Disability                      | <input type="checkbox"/> National origin                 |  |

I believe that the act or treatment described below is discriminatory:

I believe that the following individual(s) has (have) acted in a discriminatory manner:

[Large empty box for providing details of the discriminatory act]

Date of act or treatment (or indicate if ongoing):   Ongoing

Witnesses (include name, work location and phone number):

Name	<input type="text"/>	Work Location	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Work Location	<input type="text"/>	Phone	<input type="text"/>
Name	<input type="text"/>	Work Location	<input type="text"/>	Phone	<input type="text"/>

### Authorization

I authorize the New York State Unified Court System's Office of the Inspector General to use my name in investigating this claim.

Signature  Date

### How to Submit

Please attach any additional information you may have about the claim, and email or mail this form or a copy to:

**Email:** [discrimination@nycourts.gov](mailto:discrimination@nycourts.gov)

**Mail:** Office of the Inspector General  
Office of Court Administration  
Attn: Managing Attorney for Discrimination Matters  
25 Beaver Street, New York, NY 10004

**Phone:** (646) 386-3507