



**Mayor Mike Spano**

**CITY OF YONKERS**

**Carlos Moran**  
Commissioner of Human Resources

**DEPARTMENT OF HUMAN RESOURCES**  
**One Larkin Center**

Second Floor  
Yonkers, NY 10701

Tel. 914.377.6180

[carlos.moran@yonkersny.gov](mailto:carlos.moran@yonkersny.gov)

**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, 2<sup>nd</sup> Floor  
Yonkers, NY 10701  
Phone: (914) 377-6186  
[AngelineR.Vasquez@YonkersNY.gov](mailto: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](http://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](mailto: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.

# City of Yonkers Human Rights Employment Complaint Form

1. Your contact information:					
First Name			Middle Initial/Name		
Last Name					
Street Address/ PO Box			Apt or Floor #:		
City			State		Zip Code
2. Regulated Areas: You believe you were discriminated against in the area of: <div><input type="checkbox"/> Employment (<i>including paid internship</i>)    <input type="checkbox"/> Labor Organization <input type="checkbox"/> Apprentice Training                      <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Internship (<i>unpaid only</i>)                      Licensing <input type="checkbox"/> Volunteer Firefighting (<i>excludes disability, age, domestic violence victim status, arrest, conviction, genetic history</i>)</div>					
3. You are filing a complaint against:					
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.					
4. Date of alleged discrimination ( <i>must be within one year of filing</i> ): The most recent act of discrimination happened on:                      ____ month    ____ day    ____ year					
5. For employment and internships, how many employees does this company have? <div><input type="checkbox"/> 1-3                      <input type="checkbox"/> 4-14                      <input type="checkbox"/> 15-19                      <input type="checkbox"/> 20 or more                      <input type="checkbox"/> Don't know</div>					
6. Are you currently working for this company?					
<input type="checkbox"/> Yes. Date of hire:                      ____ month    ____ day    ____ year			What is your position?		





### 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?)*

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Date you reported or complained about discrimination:

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month

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day

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year

What happened after you complained?

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

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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.*

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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.*

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