

New York State Unified Court System Office of the Inspector General

UCS-18 (9/11)

CLAIM OF DISCRIMINATORY TREATMENT

Please complete this form to file a claim of discriminatory treatment with the Unified Court System's Office of the Inspector General. 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.

Name: _____

Title: _____

Work Location: _____

City: _____ State: _____ Zip: _____ Work Phone: () _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

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.

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex (including Sexual Harassment) |
| <input type="checkbox"/> Age | <input type="checkbox"/> Creed | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Domestic Violence Status | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Other (please specify): _____ | | |

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

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

4. Date of act or treatment (or indicate if ongoing):

5. Witnesses (include names, work locations and telephone numbers):

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:** _____

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

**Office of the Inspector General
Office of Court Administration
25 Beaver Street
Attention: Managing Inspector General for Bias Matters
New York, New York 10004
(646) 386-3507**