



NEW YORK STATE UNIFIED COURT SYSTEM

OFFICE *of the* INSPECTOR GENERAL

CLAIM OF DISCRIMINATORY TREATMENT

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		How Would You Like To Be Addressed? (Ms., Mr. or Other)	
Title		Work Location	
City	State	ZIP	
Home Address			
City	State	ZIP	
Home Phone	Cell Phone	Work Phone	E-mail

Information About Complaint:

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.

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

Race	Sexual Orientation	Marital Status	Disability
Age	Color	Domestic Violence Status	National Origin
Religion	Creed	SEX (including Sexual Harassment)	Gender Identity or Expression
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): _____ **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, fax or email this form or a copy to:

Office of the Inspector General
Office of Court Administration
Attn: Managing Inspector General for Bias Matters
25 Beaver Street
New York, NY 10004
Phone: 646-386-3507 or Fax: 212-514-7158
E-Mail: migbm@nycourts.gov