

CLAIM OF DISCRIMINATORY TREATMENT

Please complete this form to file a claim of discriminatory treatment with the Unified Court System's Office of the Special Inspector General For Bias Matters. Any individuals contacted by the Office of the Special 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:

- " Race
" Color
" Creed
" Religion
" National Origin
" Sexual Orientation
" Sex (including Sexual Harassment)
" Age
" Disability
" Marital Status
" 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 Special Inspector General For Bias Matters 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 Special Inspector General For Bias Matters
Office of Court Administration
25 Beaver Street, 11th Floor
New York, New York 10004
(212) 428-2125