



# CLINTON COUNTY HUMAN RIGHTS COMMISSION

Clinton County Government Center  
c/o Legislative Offices  
137 Margaret Street Suite 208, Plattsburgh, NY 12901  
518-565-4600

**This form is to be used to file a charge of discrimination based on:  
AGE, RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, DISABILITY,  
MARITAL/FAMILIAL STATUS, ARREST/CONVICTION, OR SEXUAL HARASSMENT.**

*(Please Print or Type)*

1. Your Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. ALLEGED DISCRIMINATION WAS BASED ON: *(Please check appropriate box)*

Age	Sex/Gender	Marital Status	Sexual Harassment
Race or Color	Race or Creed	Familial Status	Other: _____
National Origin	Disability	Arrest/Conviction	

ALLEGED DISCRIMINATION OCCURRED WITHIN THE JURISDICTION OF: *(Please check appropriate box)*

Employment	Public Accommodations	Aiding/Abetting
Housing	Credit	Volunteer Fire Companies
Other: _____		

3. (a) Have you filed this charge with another Federal, State, or Local Government Agency?  
No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_ Agency: \_\_\_\_\_  
Month Day Year

(b) Have you instituted a suit or court action on this charge?  
No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_  
Month Day Year

4. Alleged discrimination took place on or about: \_\_\_\_\_  
Month Day Year

Check here is alleged discrimination is continuing \_\_\_\_\_

5. Name of the individual(s) and/or organization who made the alleged discriminatory decision(s) or act(s):  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
*Name of: Employer, Landlord, Creditor, Accommodator*

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe briefly the act that occurred and your reason for concluding that it was discriminatory:  
(Use extra sheets if necessary)

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7. The statements I have made above are true to the best of my knowledge, information, and belief.

Signature:

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Date:

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*Please return completed form to:*

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Clinton County Government Center  
c/o Legislative Offices  
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Plattsburgh, NY 12901**