



**Department of Law**  
*Monroe County, New York*

**Adam J. Bello**  
*County Executive*

**John P. Bringewatt**  
*County Attorney*

June 10, 2021

**Via Hand Delivery & Electronic Mail**

The Honorable Dr. Joe Carbone  
President of the Monroe County Legislature  
410 County Office Building  
Rochester, New York 14614

Dear President Carbone:

As you know, on June 8, as President of the Legislature, you were served with a Verified Complaint filed with the New York State Division of Human Rights, Case Number 10212220. The Complaint names the Monroe County Legislature as a respondent and alleges sexual harassment by Legislator Flagler-Mitchell.

I have determined that under the circumstances of this case it is appropriate for the Legislature to retain outside counsel to defend itself. As set forth in the County Code, the Law Department will enter into an engagement on behalf of the County with outside counsel. The attorney must submit a detailed invoice to the Law Department monthly. No extraordinary fees may be incurred without the prior written consent of the Law Department. *See* Monroe County Code § 39-3(B). Any proposed monetary settlement must also be approved by the Law Department, and the County Legislature when required. *See* Monroe County Code § 39-4(C).

At this point, only the County Legislature as an entity is named as a respondent in this matter. Please note that this letter does not constitute Law Department authorization for Legislator Flagler-Mitchell to be defended or indemnified at County expense. Should Legislator Flagler-Mitchell or any other individual subsequently be named as a party in this or a related action, the Law Department will review any request for defense and indemnification as set forth in Chapter 39 of the County Code.

A copy of the complaint in this matter is enclosed herein for your reference.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Bringewatt", is written over a horizontal line.

John P. Bringewatt  
Monroe County Attorney

cc: Majority Leader Steve Brew  
✓Minority Leader Yversha Roman  
Black & Asian Democratic Caucus Leader Ernest Flagler-Mitchell

Enc.



Division of  
Human Rights

ANDREW M. CUOMO  
Governor

JOHNATHAN J. SMITH  
Interim Commissioner

June 8, 2021

Monroe County Legislature  
Attn: County Attorney  
39 West Main Street  
Rochester, NY 14614

Re: [REDACTED] v. Monroe County Legislature  
Case No. 10212220

Enclosed is a copy of a verified complaint filed with the Division of Human Rights against you. This complaint, which alleges an unlawful discriminatory practice in violation of the New York State Human Rights Law, is being served upon you pursuant to Section 297.2 of the Human Rights Law (N.Y. Exec. Law, art. 15).

Please submit a response **in duplicate** to each and every allegation in the complaint, complete the enclosed Respondent Information Sheet, and return the response and Information Sheet to the Division, at the address below, or via e-mail to [roc.syr@dhr.ny.gov](mailto:roc.syr@dhr.ny.gov) (see details below), **within fifteen (15) calendar days from the date of this letter**. The response should be a complete statement of Respondent's position. **Any supporting documentation relied upon must be submitted with the response**. The Division will not extend the time for this response, unless good cause is shown in a written application, which must be submitted at least five (5) calendar days prior to the time the response is due. **Please note: Requests for reasonable extensions of time that are shown to be necessary due to circumstances resulting from the COVID-19 pandemic will be granted.**

**Instructions for submission by email:** A response submitted by email must include the completed Respondent Information Sheet and any supporting documentation relied upon. If supporting documentation cannot be emailed, submission must be by timely mailing two copies of the entire response including documentation; partial submissions will not be accepted as timely. Email attachments must be in \*.pdf, \*.doc or \*.docx format. An email submission must be followed by promptly mailing a single complete copy of the response to the address below.

**Request for extension:** If you wish to request an extension, your request must be submitted **in writing** via regular mail, fax, or email. The Division will respond in writing; an extension is not granted unless and until you receive written confirmation. Extensions greater than fifteen days will not be approved, nor will the Division grant more than one extension barring extremely compelling circumstances.

**Failure to timely respond by mail or e-mail could result in an adverse finding against you, which may be shared with, among others, the Secretary of State, State Attorney General, and the applicable State licensing agencies that govern your business.**

**Use of email by the Division:** The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing, particularly as the Division intends to continue to process cases in a timely fashion during the COVID-19 pandemic. Therefore, **you are required to provide your email address** on the enclosed Respondent Contact Information sheet, and to keep us advised of any change of email address. The Division will not use your email address for any non-case related matters. You can update your email address by emailing us at roc.syr@dhr.ny.gov and referencing the case number.

The Human Rights Law prohibits retaliation against any person because he or she has opposed discriminatory practices, filed a discrimination complaint, or participated in any proceeding before the Division. Human Rights Law § 296.7.

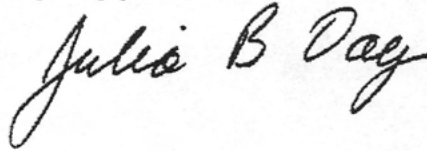
Anyone who willfully resists, prevents, impedes or interferes with the Division's investigation shall be guilty of a misdemeanor punishable by imprisonment, by fine, or by both. Human Rights Law § 299.

As the enclosed information sheet provides, the Division will conduct a prompt investigation, based on the complaint and your response, which may include interviews with your representatives and the collection of documents. The Division expects your full cooperation in this investigation. After the investigation is completed, the Division will make a determination as to whether there is probable cause to believe that unlawful discrimination has occurred. You will be notified of this determination.

**Protection of personal privacy:** In most cases, you will be expected to submit documents in support of your response to the complaint. The Division observes a personal privacy protection policy consistent with Human Rights Law § 297.8 which governs what information the Division may disclose, and the N.Y. Public Officer's Law § 89 and § 96-a, which prohibit disclosure of social security numbers and limit further disclosure of certain information subject to personal privacy protection. Please redact or remove personal information from any documentation submitted to the Division, unless and until the Division specifically requests any personal information needed for the investigation. The following information should be redacted: the first five digits of social security numbers; dates of birth; home addresses and home telephone numbers; any other information of a personal nature. The following documentation should not be submitted unless specifically requested by the Division: medical records; credit histories; resumes and employment histories. The Division may return your documents if they contain personal information that was not specifically requested by the Division. If you believe that inclusion of any such personal information is necessary to your response, please contact me to discuss before submitting such information.

If you have any questions about the process generally, or how to submit your response, please call me at (585) 238-8250.

Very truly yours,

A handwritten signature in black ink that reads "Julia B. Day". The signature is written in a cursive style with a large, looped "J" and "D".

Julia B. Day  
Regional Director

cc: Monroe County Legislature  
Legislature President Dr. Joe Carbone, 490 Titus Avenue  
Rochester, NY 14617

Enclosures:  
Verified Complaint  
Respondent Contact Information Form  
Information for Respondents

**Respondent Contact Information**

Return to:  
NYS Division of Human Rights  
Rochester Regional Office  
259 Monroe Avenue, Suite 308  
Rochester, New York 14607

Re: [REDACTED] y. Monroe County Legislature  
SDHR NO: 10212220

Correct legal name of Respondent: \_\_\_\_\_  
\_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Contact person for this complaint:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

The Division uses email, whenever possible, to communicate with the parties to complaints. This avoids delays and lost mail, and increases the efficiency of Division case processing. **Therefore, you are required to provide an email address, if you have one**, and to keep us advised of any change of your email address. The Division will not use your email address for any non-case related matters.

Is the firm a publicly traded corporation, privately owned, or a d/b/a? If yes, please indicate:

\_\_\_ Publicly traded corporation \_\_\_ Privately owned corporation \_\_\_ d/b/a

If privately owned or d/b/a, list names and addresses of all individuals who have an ownership interest in the Respondent (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Do you have an attorney for this matter: Yes \_\_\_ No \_\_\_ If yes:

Attorney Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Will you participate in settlement/conciliation? Yes \_\_\_ No \_\_\_ If yes, for this purpose please contact

Name: \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

(Settlement discussions will not delay the investigation and participation in settlement does not provide good cause for an extension of time to respond to the complaint.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Division of Human Rights

ANDREW M. CUOMO  
Governor

JOHNATHAN J. SMITH  
Interim Commissioner

### **INFORMATION FOR RESPONDENTS** **CONCERNING COMPLAINT PROCEDURES OF** **NEW YORK STATE DIVISION OF HUMAN RIGHTS**

The New York State Division of Human Rights is a State agency mandated to receive, investigate and resolve complaints of discrimination under N.Y. Executive Law, Article 15 ("Human Rights Law"). The Division's role is to fairly and thoroughly investigate the allegations in light of all evidence gathered.

#### **WHAT TYPES OF COMPLAINTS ARE HANDLED BY THE DIVISION OF HUMAN RIGHTS?**

The Human Rights Law forbids discrimination in employment, apprenticeship and training, purchase and rental of housing and commercial space, places of public accommodation, certain educational institutions, and credit transactions. If a person feels that he or she has been discriminated against by of reason of race, color, creed, sex, age (not public accommodation), disability, national origin, marital status, familial status (housing only), conviction or arrest record (employment only), genetic predisposition (employment only), military status, or sexual orientation, or because he or she has opposed any practices forbidden under the Human Rights Law, that person may file a complaint with the State Division of Human Rights.

#### **HOW DOES A PERSON FILE A COMPLAINT?**

Persons wishing to file a complaint of discrimination may contact the nearest regional office of the Division of Human Rights. The Human Rights Law requires that they must file such a complaint within one year of the alleged unlawful discriminatory act.

#### **WHAT IS THE INVESTIGATIVE PROCEDURE?**

The Division represents neither the Complainant nor the Respondent. The Division pursues the State's interest in the proper resolution of the matter in accordance with the Human Rights Law. Complainant and Respondent can retain private counsel to represent them during the investigation, but such representation is not required.

Upon receipt of a complaint, the regional office will:

- Notify the Respondent(s). (A Respondent is a person or entity about whose action the Complainant complains.)
- Resolve issues of questionable jurisdiction.

INFORMATION FOR RESPONDENTS  
CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS  
Page 2

- Forward a copy of the complaint to the U.S. Equal Employment Opportunity Commission (EEOC) or the U.S. Department of Housing and Urban Development (HUD), where applicable. Such federal filing creates a complaint separate and apart from the complaint filed with the Division, although in most cases only one investigation is conducted pursuant to work-sharing agreements with these federal agencies.
- Investigate the complaint through appropriate methods (written inquiry, field investigation, witness interviews, requests for documents, investigatory conference, etc.), in the discretion of the Regional Director. The investigation of the complaint is to be objective.
- Allow the parties to settle the matter by reaching agreement on terms acceptable to the Complainant, Respondent and the Division. The Division will allow settlement from the time of filing until the matter reaches a final resolution.
- Determine whether or not there is probable cause to believe that an act of discrimination has occurred, if the matter cannot be settled prior to that Determination. The Division will notify the Complainant and Respondent in writing of the Determination.

You, or your attorney, may review the Division's file in this matter, and may copy by hand any material in the file, or obtain photocopies at a nominal charge. The Complainant in this matter has the same right to review the file.

**WHAT IS THE DIVISION'S POLICY ON ADJOURNMENTS AND EXTENSIONS?**

It is the Division's policy to investigate all cases promptly and expeditiously. Therefore, you are expected to cooperate with the investigation fully and promptly. No deadlines will be extended at any time during the investigation, unless good cause is shown in a written application submitted at least five (5) calendar days prior to the original deadline. Failure to comply could result in an adverse finding against you, which would be shared with, among others, the Secretary of State and the applicable State licensing agencies that govern your business.

**WHAT IS THE PROCEDURE FOLLOWING THE INVESTIGATION?**

If there is a Determination of no probable cause, lack of jurisdiction, or any other type of dismissal of the case, the Complainant may appeal to the State Supreme Court within 60 days.

If the Determination is one of probable cause, there is no appeal to court. The case then proceeds to public hearing before an Administrative Law Judge. Under Rule 465.20 (9 N.Y.C.R.R. § 465.20), the Respondent may ask the Commissioner of Human Rights within 60 days of the finding of probable cause to review the finding of probable cause. Such application should be sent to the General Counsel of the Division and to the Complainant, and Complainant's attorney, if any.

**WHAT IS A PUBLIC HEARING?**

A public hearing, pursuant to the Human Rights Law, is a trial-like proceeding at which relevant evidence is placed in the hearing record. It is a hearing de novo, which means that the Commissioner's final decision on the case is based solely on the content of the hearing record. The public hearing is presided over by an Administrative Law Judge, and a verbatim transcript is made of the proceedings.

The hearing may last one or more days, not always consecutive. Parties are notified of all hearing sessions in advance, and the case may be adjourned to a later date only for good cause.



INFORMATION FOR RESPONDENTS  
CONCERNING COMPLAINT PROCEDURES OF THE NYS DIVISION OF HUMAN RIGHTS  
Page 3

Respondent can retain private counsel for the hearing, and, if Respondent is a corporation, is required to be represented by legal counsel. The Complainant can retain private counsel for the hearing, but is not required to do so. If Complainant is not represented by private counsel, the Division's counsel prosecutes the case in support of the complaint. Attorneys for the parties or for the Division may issue subpoenas for documents and to compel the presence of witnesses.

At the conclusion of the hearing sessions, a proposed Order is prepared by the Administrative Law Judge and is sent to the parties for comment.

A final Order is issued by the Commissioner. The Commissioner either dismisses the complaint or finds discrimination. If discrimination is found, Respondent will be ordered to cease and desist and take appropriate action, such as reinstatement, training of staff, or provision of reasonable accommodation of disability. The Division may award money damages to Complainant, including back pay and compensatory damages for mental pain and suffering, and in the case of housing discrimination, punitive damages, attorney's fees and civil fines and penalties. A Commissioner's Order may be appealed by either party to the State Supreme Court within 60 days. Orders after hearing are transferred by the lower court to the Appellate Division for review.

#### **WHAT IS A COMPLIANCE INVESTIGATION?**

The compliance investigation unit verifies whether the Respondent has complied with the provisions of the Commissioner's Order. If the Respondent has not complied, enforcement proceedings in court may be brought by the Division.

#### **NOTICE PURSUANT TO PERSONAL PRIVACY PROTECTION LAW**

Pursuant to the Human Rights Law, the Division collects certain personal information from individuals filing complaints and from those against whom a complaint has been filed. The information is necessary to conduct a proper investigation; failure to provide such information could impair the Division's ability to properly investigate the matter. This information is maintained in a computerized Case Management System maintained by the Division's Director of Information Technology, who is located at One Fordham Plaza, Bronx, New York, (718) 741-8365.

#### **PENAL PROVISION OF THE HUMAN RIGHTS LAW**

The Human Rights Law contains the following penal provision:

"Any person, employer, labor organization or employment agency, who or which shall willfully resist, prevent, impede or interfere with the division or any of its employees or representatives in the performance of duty under this article, or shall willfully violate an order of the division or commissioner, shall be guilty of a misdemeanor and be punishable by imprisonment in a penitentiary, or county jail, for not more than one year, or by a fine of not more than five hundred dollars, or by both; but procedure for the review of the order shall not be deemed to be such willful conduct."  
Human Rights Law § 299.

#### **GENERAL INFORMATION**

For a more detailed explanation of the process, see the Division's Rules of Practice (9 N.Y.C.R.R. § 465) available on our website [www.dhr.ny.gov](http://www.dhr.ny.gov). If you have any additional questions about the process, the investigator assigned to the case will be available to answer most questions.

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

[REDACTED]

Complainant.

v.

MONROE COUNTY LEGISLATURE.

Respondent.

VERIFIED COMPLAINT  
Pursuant to Executive Law,  
Article 15

Case No.  
**10212220**

I, [REDACTED] residing at [REDACTED] Albany, NY, 12201, charge the above named respondent, whose address is 39 West Main Street, Rochester, NY, 14614 with an unlawful discriminatory practice relating to public accommodation in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of sex, sexual orientation, marital status.

Date most recent or continuing discrimination took place is 10/30/2020.

The allegations are: PLEASE SEE ATTACHED COMPLAINT FORM

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to public accommodation because of sex, sexual orientation, marital status, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

RECEIVED

JUN 06 1991

New York State Division of Human Rights  
Public Accommodation Discrimination Complaint Form

Rochester Regional Office

Although all ages are protected, you must be 18 years or older to file a complaint. A parent, guardian or other person having legal authority to act in the child's interests must file on behalf of a person under the age of 18.

**1. Your contact information:**

First Name	[Redacted]	Middle Initial/Name	[Redacted]
Last Name	[Redacted]		
Street Address/ PO Box	[Redacted]	Apt or Floor #:	
City	Albany	State	NY
		Zip Code	12201

If you are filing on behalf of a person or persons under the age of 18 for whom you have legal authority to act:

Name(s)	Relationship(s)	I am filing for:	
		<input checked="" type="checkbox"/> Self & other	<input type="checkbox"/> Other person(s) only
		Date(s) of birth:	

**2. Briefly describe the type of public accommodation you are filing against (e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.):**

**3. You are filing a complaint against:**

Name	Monroe County Legislature		
Street Address/ PO Box	39 W. Main St.		
City	Rochester	State	NY
		Zip Code	14614
Telephone Number	(515) 993-6160 (585) 993-6166		
In what county or borough did the violation take place?	Monroe		

Individual people who discriminated against you:

Name:	Ernest Flagler	Title:	Monroe County Legislator
Name:		Title:	

If you need more space, please list them on a separate piece of paper.

**4. Date of alleged discrimination (must be within one year of filing):**

The most recent act of discrimination happened on: \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

**5. Basis of alleged discrimination.**  
 Check *ONLY* the boxes that you believe were the reasons for discrimination, and fill in specifics only for those reasons. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Creed/Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, including the Status of Being Transgender	<input checked="" type="checkbox"/> Sex: Please specify: _____
<input checked="" type="checkbox"/> Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/> Sexual Orientation: Please specify: <u>non-heterosexual</u> <sup>D-Sexual</sup>
<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	<input type="checkbox"/> Arrest record (credit and insurance only; see page 2 of instructions for what is covered by the arrest provisions)
<input type="checkbox"/> Use of Guide Dog, Hearing Dog, or Service Dog, or a Service Animal meeting the ADA definition	
If you believe you were treated differently because you filed or helped someone file a discrimination complaint, acted as a witness to a discrimination complaint, or reported unlawful discrimination, check below: <input type="checkbox"/> Retaliation: How you opposed discrimination: _____	
If you believe you were discriminated against because of your relationship or association with a member or members of a protected category listed above, indicate the relevant category above, and check below. <input type="checkbox"/> Relationship or association	

**6. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply**

<input type="checkbox"/> Denied access to public accommodation	<input type="checkbox"/> Discriminatory advertisement, communication, or notice
<input type="checkbox"/> Denied equal advantages, facilities and privileges of public accommodation	<input checked="" type="checkbox"/> Sexual harassment
<input type="checkbox"/> Denied reasonable accommodation for disability	<input checked="" type="checkbox"/> Harassed/intimidated (other than sexual harassment) on any basis indicated above
<input type="checkbox"/> Denied reasonable accommodation regarding the use of a service animal (dog or miniature horse) in violation of federal standards under the Americans with Disabilities Act	<input type="checkbox"/> Discriminated against because of use of a professionally trained guide, hearing or service dog
<input type="checkbox"/> Other: _____	

### 7. Description of alleged discrimination

Please tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. PLEASE TYPE OR PRINT CLEARLY. You may also write "see attached" and attach a typed description.

From August 2020 until October 2020 Ernest Flacker deliberately made sexual advances at me that were unwanted. On about August 27<sup>th</sup> 2020 Ernest received a phone call from me to address a county child protective issue I'd been facing that caused me difficulty. During this phone call he immediately said he was "handle that problem" quote on quote. Although the phone call lasted about 10 minutes he stated he needed to call me back. He called me back around 10pm the same night (too late). I mentioned that it was too late to call but decided to hear everything he had to say. Instead of discussing my CPS case he immediately went into detail about his mental parts for example: "How big they are and described what he was capable of" doing sexually to me. I left him at that and gave him a clear + specific warning that I felt uncomfortable and that he needs to stop. He laughed at my statement and continued using the language that made me feel uncomfortable. As a result, I hung up. The next day he called me around 2pm EST and stated over the phone if I would consider being sexually active with him if he were to facilitate my children being returned to me. I said "No". In the coming weeks and months I received multiple text, Facebook messages and phone calls with Ernest using the same language that was unwanted and offensive.

In October 2020 Ernest told me to come to his office on 39 W. Main St. to discuss having my children returned to me. I was driven to this location by my friend who waited outside for me. While inside

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Continued on white  
paper attached →

Continued

RECEIVED

JUN 08 2021

of his office, he closed the door <sup>Rochester Regional Office</sup> behind him and began sexually speaking, I recorded him. He asked would I have sex with him. I told him "No". He never facilitated what he said he would, the return of my children. This incident happened at 39 W. Main St. Rochester, NY 14614. Inside of his office at the Monroe County Legislature. During this encounter I kept saying I wanted the door opened & that I'd like to leave. He refused to open the door by saying "No, lets leave it closed." I still have fine audio recording emails, text, calls and facebook inbox messages.

[REDACTED]

6-7-2021

**NEW YORK ALL-PURPOSE ACKNOWLEDGMENT**  
REAL PROPERTY LAW §309-a

State of New York

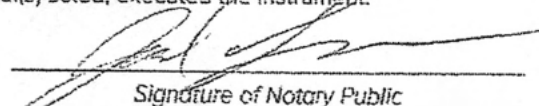
County of Monroe } ss.

On the 7 Day of June Month in the year 2021 Year before me.

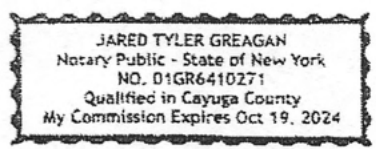
the undersigned personally appeared \_\_\_\_\_  
Name of Signer

(and \_\_\_\_\_) personally known to me or  
Name of Additional Signer, if Any

proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

  
Signature of Notary Public  
Notary Public — State of New York

Place Seal Below OR Complete Lines Below



\_\_\_\_\_  
Name of Notary

\_\_\_\_\_  
Name of County in Which Originally Qualified

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Name of County in Which Certificate of Official Character Filed (if required)

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document: \_\_\_\_\_

Title or Type of Document: Personal Letter (deceased\*)

Document Date: 6/7/21 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

**Notarization of Complaint**

Based on the information contained in this form, I charge the above-named Respondent with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice. (If you have another action pending and still wish to file, please contact our office to discuss.)

PLEASE INITIAL [REDACTED]

I swear under penalty of perjury that I am the complainant herein, that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

[REDACTED]  
[REDACTED]  
\_\_\_\_\_  
Sign your full legal name

Subscribed and sworn before me  
This 7 day of June, 20 21

[Signature]  
\_\_\_\_\_  
Signature of Notary Public

County: \_\_\_\_\_ Commission expires: \_\_\_\_\_

JARED TYLER GREAGAN  
Notary Public - State of New York  
NO. 01GR6410271  
Qualified in Cayuga County  
My Commission Expires Oct 19, 2024

*Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.*