



## **PAID FAMILY LEAVE DISCRIMINATION / RETALIATION COMPLAINT**

Paid Family Leave • PO Box 9030, Endicott, NY 13761-9030

Complete this form only if:

- You have submitted the Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119) to your employer AND the Workers' Compensation Board, and
- Your employer has not responded within 30 days OR you were not satisfied with their explanation as to why your employment conditions were changed.

A hearing will be scheduled after your employer receives this form and has an opportunity to respond.

Attach to this form:

1. Proof of receipt of family leave benefits, or
2. Your request for family leave benefits (if benefits were not received), and
3. Evidence, such as a letter of termination or the name of a witness, that the following occurred in relation to requesting or taking Paid Family Leave:
  - Employer's refusal to reinstate you to your original or comparable position,
  - Termination of employment,
  - Reduced pay and/or benefits, and/or
  - Disciplinary action.

When you have completed the form:

- Send it to the Workers' Compensation Board: Paid Family Leave, PO Box 9030, Endicott, NY 13761-9030.
- Send a copy to your employer.
- Keep a copy for your records.

Failure to complete this form, including the required attachments, may delay processing of your complaint.

### **Employee's Information**

Name (LAST, FIRST, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Social Security #/Tax Identification #: \_\_\_\_\_

### **Employer's Information (as it appears on your pay stub)**

Business Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Federal Identification Number (FEIN): \_\_\_\_\_

Person who discriminated against me was: \_\_\_\_\_

Their position is (check one): ☐ Owner ☐ Supervisor ☐ Manager

### **Paid Family Leave Information**

Check one of the following:

- ☐ Paid Family Leave was formally requested and granted Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- ☐ Paid Family Leave was formally requested and denied
- ☐ No formal request was made for Paid Family Leave

Date *Request for Paid Family Leave* (Form PFL-1) was given to employer,  
or mention of Paid Family Leave was made (if applicable): \_\_\_\_\_

Type of Paid Family Leave: ☐ Bonding with a Child ☐ Care for Family Member ☐ Qualifying Military Event

### Complaint Information

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Loss or change of job      | <input type="checkbox"/> Reduction of hours           |
| <input type="checkbox"/> Loss or change of benefits | <input type="checkbox"/> Disciplinary action occurred |
| <input type="checkbox"/> Reduction of wages         | <input type="checkbox"/> Other: _____                 |

Date that your employer changed your work hours, reduced your pay and/or benefits, terminated your employment, or disciplined you as a result of Paid Family Leave: \_\_\_\_\_

### Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)

Date you filed Form PFL-DC-119 with your employer: \_\_\_\_\_

My employer (check one): ☐ Responded ☐ Did not respond

### Attorney Information (Please complete the following if you have obtained an attorney in this matter)

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

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

Phone #: \_\_\_\_\_ Board ID Number (if any): \_\_\_\_\_

### Evidence

In addition to my own testimony, I have/will present the following evidence at my hearing:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Letter of termination/discipline | <input type="checkbox"/> Witness(es) |
| <input type="checkbox"/> Other: _____                     |                                      |

Please provide the name(s) and relationship(s) to any witness(es):

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

**I affirm under the penalty of perjury that the information provided herein is true to the best of my knowledge.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date