

## COMPLAINT FORM for penalty or termination due to jury duty

1. Please fill out this form only if you think that you have been penalized or terminated/fired from your job because you had to serve jury duty
2. Please write clearly
3. If you submit any documents with the complaint form, please send copies, not originals
4. After filling out and signing, return by mail or in person to the Labor Bureau

### *Complainant Information*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### *Complaint*

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Jury Duty Service: \_\_\_\_\_

Court in which Jury Duty was served: \_\_\_\_\_

In the space below, please describe the basis for your complaint (ex. circumstances and date of termination, nature of penalty, etc.) and other information you think would be helpful. Please use the back or attach additional sheets if necessary.

### READ THE FOLLOWING BEFORE SIGNING BELOW

The above complaint is true and accurate to the best of my knowledge. I understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Penal Law Section 175.30 and/or Section 210.45.

New York State Office of the Attorney General  
Labor Bureau  
28 Liberty Street, 15<sup>th</sup> Floor  
New York, NY 10005  
(212) 416-8700

Signature: \_\_\_\_\_

Date: \_\_\_\_\_