

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

██████████,

Complainant,

v.

MONROE COUNTY LEGISLATURE, RACHEL  
BARNHART,

Respondents.

VERIFIED COMPLAINT  
Pursuant to Executive Law,  
Article 15

Case No.  
**10212295**

I, ██████████, residing at ██████████, charge the above named respondents, 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, opposed discrimination/retaliation.

Date most recent or continuing discrimination took place is 6/11/2021.

The allegations are:

SEE ATTACHED Complaint Form

**RECEIVED**

By Julia Day at 4:31 pm, Jun 11, 2021

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

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.

<b>1. Your contact information:</b>		
First Name	Middle Initial/Name	
Last Name		
Street Address/ PO Box	Apt or Floor #:	
City	State	Zip Code
If you are filing on behalf of a person or persons under the age of 18 for whom you have legal authority to act:		I am filing for: <input checked="" type="checkbox"/> Self & other <input type="checkbox"/> Other person(s) only
Name(s):	Relationship(s):	Date(s) of birth:
<b>2. Briefly describe the type of public accommodation you are filing against (e.g. restaurant, store, theatre, bank, medical office, insurance company, etc.):</b> <u>Legislature Office</u>		
<b>3. You are filing a complaint against:</b>		
Name <u>Monroe County Legislature : Rachel Barnhart</u>		
Street Address/ PO Box <u>39 W. Main St.</u>		
City <u>Rochester</u>	State <u>NY</u>	Zip Code <u>14614</u>
Telephone Number: <u>(585) - -</u>		
In what county or borough did the violation take place? <u>Monroe</u>		
Individual people who discriminated against you:		
Name: <u>Rachel Barnhart</u>	Title: <u>County Legislator</u>	
Name: _____	Title: _____	
If you need more space, please list them on a separate piece of paper.		
<b>4. Date of alleged discrimination (must be within one year of filing):</b>		
The most recent act of discrimination happened on: <u>06/09/21</u>		
	month	day year

<b>5. Basis of alleged discrimination:</b> Check <i>ONLY</i> 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"/> <b>Creed/Religion:</b> Please specify: _____	<input type="checkbox"/> <b>National Origin:</b> Please specify: _____
<input type="checkbox"/> <b>Disability:</b> Please specify: _____	<input type="checkbox"/> <b>Race/Color or Ethnicity:</b> Please specify: _____
<input type="checkbox"/> <b>Gender Identity or Expression, including the Status of Being Transgender</b>	<input type="checkbox"/> <b>Sex:</b> Please specify: _____
<input type="checkbox"/> <b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> <b>Sexual Orientation:</b> Please specify: _____
<input type="checkbox"/> <b>Military Status:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	<input type="checkbox"/> <b>Arrest record (credit and insurance only; see page 2 of instructions for what is covered by the arrest provisions)</b>
<input type="checkbox"/> <b>Use of Guide Dog, Hearing Dog, or Service Dog, or a Service Animal meeting the ADA definition</b>	
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 checked="" type="checkbox"/> <b>Retaliation: How you opposed discrimination:</b> _____	
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"/> <b>Relationship or association</b>	
<b>6. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply</b>	
<input type="checkbox"/> Denied access to public accommodation	<input checked="" type="checkbox"/> Discriminatory advertisement, communication, or notice
<input type="checkbox"/> Denied equal advantages, facilities and privileges of public accommodation	<input 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"/> <b>Other:</b> _____	

**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.*

According to Channel 13 News reporter Jayne Chacko. Rachel Barnhart told Chacko to not disclose her name if she gives Chacko my full legal name. Per my conversation with Chacko. Chacko states that Barnhart explained how she received my original Division of Human Rights complaint from the county Legislature. Chacko also stated to me that Barnhart gave Chacko my full legal name under the agreement that Barnhart's name not get disclosed. Chacko disclosed Barnhart's full name to me and all of the details just mentioned on 6/11/21 at 12:19pm over a phone call. Chacko and I had a text conversation on 6/11/21 that explained that I didn't feel comfortable answering any questions or being interviewed at all due how the matter has been affecting me.

Multiple horizontal lines for writing.

*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.*

ad complaint

I believe this is retaliation. It violates my privacy. I'm a domestic violence victim. Which I indicated in my original complaint. It has sensitive information inside of my complaint regarding my children. I also have a current custody family court case going on.

Subscribed and Sworn before me  
6/11/2021  
Nancy E. Cholewa

Nancy E Cholewa  
Notary Public, State of New York  
Reg. No. 01CH6414639  
Qualified in Monroe County  
Commission Expires March 1, 2025

**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 \_\_\_\_\_

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.

\_\_\_\_\_  
Sign your full legal name

Nancy E. Cholera  
Notary Public, State of New York  
Reg. No. 01CH8414859  
Qualified in Monroe County  
Commission Expires March 1, 2025

Subscribed and sworn before me  
This 11 day of June, 2020  
*Nancy E. Cholera*  
Signature of Notary Public  
County: *Monroe* Commission expires: *3/1/2025*

*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.*