MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

July 15, 2014

Mr. Scott W. Kroll, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Mr. Kroll:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	*Padilla, Marlene Ann v. Erie County Department of Health*
Document Received:	NYS Division of Human Rights Charge of Discrimination
Name of Claimant:	Marlene Ann Padilla 812 Niagara Street Buffalo, New York 14213
Claimant's attorney:	Claimant is proceeding *pro se*

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: _____
Jeremy C. Toth
Second Assistant County Attorney

JCT:dld
Enc.

ANDREW M. CUOMO
GOVERNOR

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF HUMAN RIGHTS on the Complaint of MARLENE ANN PADILLA, Complainant, v. ERIE COUNTY, DEPARTMENT OF HEALTH, Respondent.	VERIFIED COMPLAINT Pursuant to Executive Law, Article 15 Case No. **10169532**

Federal Charge No. 16GB403529

I, Marlene Ann Padilla, residing at 812 Niagara St., Buffalo, NY, 14213, charge the above named respondent, whose address is Attn: County Attorney
69 Delaware Avenue, Suite 300, Buffalo, NY, 14202 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of opposed discrimination/retaliation, disability.

Date most recent or continuing discrimination took place is 4/18/2014.

See attached complaint.

RECEIVED
JUN 17 2014
REGION 6
ROCHESTER REGIONAL OFFICE
JD

New York State Division of Human Rights Complaint Form

RECEIVED
JUN 20 2014
NYSDHR BUFFALO
REGIONAL OFFICE

CONTACT INFORMATION

My contact information:

Name: Marlene Ann Padilla

Address: 812 Niagara St Apt or Floor #:

City: Bflo State: NY Zip: 14213

REGULATED AREAS

I believe I was discriminated against in the area of:

- ☑ Employment
- ☐ Education
- ☐ Volunteer firefighting
- ☐ Apprentice Training
- ☐ Boycotting/Blacklisting
- ☐ Credit
- ☐ Public Accommodations *(Restaurants, stores, hotels, movie theaters amusement parks, etc.)*
- ☐ Housing
- ☐ Commercial Space
- ☐ Labor Union, Employment Agencies

I am filing a complaint against:

Company or Other Name: City of Buffalo Erie County Health Department

Address: 95 Franklin St.

City: Buffalo State: NY Zip: 14202

Telephone Number: 716 858 2172
(area code)

Individual people who discriminated against me:

Name: Dr. Gale R. Burstein Name: Jackie Gindula

Title: Commissioner of Health of Erie County Title: Supervisor

DATE OF DISCRIMINATION

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

BASIS OF DISCRIMINATION

Please tell us why you were discriminated against by checking one or more of the boxes below.

You do not need to provide information for every type of discrimination on this list. Before you check a box, make sure you are checking it only if you believe it was a reason for the discrimination. Please look at the list on Page 1 for an explanation of each type of discrimination.

Please note: Some types of discrimination on this list do not apply to all of the regulated areas listed on Page 3. (For example, Conviction Record applies only to Employment and Credit complaints, and Familial Status is a basis only in Housing and Credit complaints). These exceptions are listed next to the types of discrimination below.

I believe I was discriminated against because of my:

☐ **Age** *(Does not apply to Public Accommodations)* Date of Birth:	☐ **Genetic Predisposition** *(Employment only)* Please specify:
☐ **Arrest Record** *(Only for Employment, Licensing, and Credit)* Please specify:	☐ **Marital Status** Please specify:
☐ **Conviction Record** *(Employment and Credit only)* Please specify:	☐ **Military Status:** Please specify:
☐ **Creed / Religion** Please specify:	☐ **National Origin** Please specify:
☐ **Disability** Please specify:	☐ **Race/Color or Ethnicity** Please specify:
☐ **Domestic Violence Victim Status:** *(Employment only)* Please specify:	☐ **Sex** Please specify: ☐ **Female** ☐ **Male** ☐ **Pregnancy** ☐ **Sexual Harassment**
☐ **Familial Status** *(Housing and Credit only)* Please specify:	☐ **Sexual Orientation** Please specify:
☒ **Retaliation** *(if you filed a discrimination case before, or helped someone else with a discrimination case, or reported discrimination due to race, sex, or any other category listed above)* Please specify:	

Before you turn to the next page, please check this list to make sure that you provided information ***only*** for the type of discrimination that relates to your complaint.

EMPLOYMENT DISCRIMINATION

Please answer the questions on this page only if you were discriminated against in the area of employment. If not, turn to the next page.

How many employees does this company have?

a) 1-3 b) 4-14 c) 15 or more d) 20 or more e) Don't know

Are you currently working for the company?

☐ **Yes**

Date of hire: (NOV 16 1992) (Month day year) What is your job title? Public Health Nurse Spanish Speaking

☐ **No**

Last day of work: (04 18 2014) (Month day year) What was your job title? Public Health Nurse Spanish Speaking

☐ **I was not hired by the company**

Date of application: (____ ____ ____) (Month day year)

ACTS OF DISCRIMINATION

What did the person/company you are complaining against do? Please check all that apply.

- ☐ Refused to hire me
- ☐ Fired me / laid me off
- ☐ Did not call me back after a lay-off
- ☐ Demoted me
- ☒ Suspended me
- ☐ Sexually harassed me
- ☒ Harassed or intimidated me (other than sexual harassment)
- ☐ Denied me training
- ☐ Denied me a promotion or pay raise
- ☐ Denied me leave time or other benefits
- ☐ Paid me a lower salary than other workers in my same title
- ☐ Gave me different or worse job duties than other workers in my same title
- ☐ Denied me an accommodation for my disability
- ☐ Denied me an accommodation for my religious practices
- ☒ Gave me a disciplinary notice or negative performance evaluation
- ☐ Other: _____