

The City University of New York Charge of Discrimination Form

This form is to be used to file a complaint of discrimination based on race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender identity, marital status, legally registered domestic partnership status, disability, predisposing genetic characteristics, alienage, citizenship, military or protected veteran status, status as a victim of domestic violence, or any other grounds or characteristic protected by law.

Campus _____

Received by _____ Date _____

PART A (PLEASE PRINT OR TYPE)

Name _____ Phone _____

Email address _____ Mobile _____

Status (Faculty, Staff, Graduate Student, Undergraduate Student) _____

Campus Address (Bldg. Dept. etc.) _____

Home Address _____

City _____ State _____ Zip Code _____

PART B

1. ALLEGED DISCRIMINATION IS BASED ON (please check all that apply):

Race or Color National or Ethnic Origin Religion Age

Sex Document Abuse

Sexual Orientation Gender Identity Marital or Partnership Status Disability

Predisposing Genetic Characteristics Alienage or Citizenship Status Retaliation

Military or Protected Veteran Status Status as Victim of Domestic Violence, Sex Offenses, or Stalking

Ancestry Sexual Harassment

2. Alleged discrimination took place on or about: Month _____ Day _____ Year _____

Is alleged discrimination continuing? Yes No

3. Accused Name(s) _____

Title (if known) _____

PART C

1. Please check the appropriate box:

Have you previously filed a complaint? Yes No

If yes, when? (Date) _____

To whom did you file it? _____

2. Have you filed this charge with a federal, state or local government agency/court? Yes No

If yes, with which agency/court? _____ When? _____

3. Describe the incident; what occurred? (Attach extra sheets if necessary).

4. Please identify any witnesses or other individuals with information regarding your allegations.

5. Please identify any documents or evidence that would support your allegations.

6. I affirm that the above allegation is true to the best of my knowledge, information and belief.

Signature: _____ Date _____