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, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence/stalking/sex offenses, or for retaliation, or any other legally prohibited basis in accordance with federal, state and city laws.

Campus ____________________________________________
Received by__________________________ Date__________

PART A (PLEASE PRINT OR TYPE)

Name__________________________ Phone No.__________________________
Email address ____________________________________________ Mobile No. ____________
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/Creed ☐ Age
☐ Sex ☐ Document Abuse ☐ Gender Identity ☐ Gender
☐ Sexual Orientation ☐ Sexual Harassment ☐ Disability ☐ Retaliation
☐ Pregnancy ☐ Genetic Information ☐ Marital or Partnership Status
☐ Ancestry ☐ Alienage or Citizenship Status
☐ Military or Veteran Status
☐ Status as Victim of Domestic Violence, Sex Offenses, or Stalking

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)________________________________________________________
   With whom? ______________________________________________________________

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. Briefly summarize the events, facts or other bases for your complaint. (Attach extra sheets if necessary).
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________ 

4. Please identify any witnesses or other individuals with information regarding about 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__________

Signature:_________________________________________________________ Date__________