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 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 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  ☐ Age
☐ Sex  ☐ Document Abuse
☐ Sexual Orientation  ☐ Gender Identity  ☐ Marital or Partnership Status  ☐ Disability
☐ Predisposing Genetic Characteristics  ☐ Alienage or Citizenship Status  ☐ Retaliation
☐ Military or 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)________________________________________
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. Describe briefly the incident; what occurred? (Attach extra sheets if necessary).

________________________________________________________________________________________________________________________________________________

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

Signature: __________________________________________ Date: ____________________