

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):

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Race or color | <input type="checkbox"/> National or Ethnic Origin | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Document Abuse | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Marital or Partnership Status | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Alienage or Citizenship Status | | |
| <input type="checkbox"/> Military or Veteran Status | | | |
| <input type="checkbox"/> 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 _____