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
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_________________________