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.

Campam_____

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_____