

# 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)

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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**

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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**

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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 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 \_\_\_\_\_