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
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).

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

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____________________