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.

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5. Please identify any documents or evidence that would support your allegations.

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6. I affirm that the above allegation is true to the best of my knowledge, information and belief.

   Signature: ___________________________ Date _______________