

The City University of New York
Sexual Misconduct Allegation Form

This form may be used by reporting individuals or complainants, including employees, students and visitors, who wish to file a complaint of sexual harassment, gender-based harassment and/or sexual violence pursuant to CUNY's Policy on Sexual Misconduct. CUNY's policy **prohibits retaliation** against any person who reports sexual misconduct, assists someone making such a report, participates in any manner in an investigation or resolution of a sexual misconduct complaint, seeks interim or supportive measures or accommodations pursuant to CUNY's Policy on Sexual Misconduct, or opposes in a reasonable manner an act or policy believed to constitute sexual misconduct.

Campus _____

Date filed _____

PART A.

Name: _____

Email Address: _____

EMPL ID Number _____

Contact/Cell Number: _____

Status (e.g. Student, Alumnus, Faculty, Staff, Visitor): _____

Home Address: _____

1. Have you previously filed a complaint?

Yes No

a. If so, when and to whom did you file it? _____

2. Have you filed this allegation with a federal, state or local law enforcement/agency?

Yes No

a. If yes, with which agency? _____

b. When? _____

c. If no, why?

d. Do not want to report Need assistance in reporting Other

e. If you chose other, please state the reason: _____

3. Do you have an order of protection (OOP) in this matter?

Yes No

a. If yes, is this order permanent or temporary?

Permanent

Temporary Next Court Date _____

6. Please identify any witnesses or other individuals with information regarding your allegations.

7. Please preserve any evidence in your possession that may be used as part of the investigation of this matter. Evidence may include but it not limited to: (i.e Facebook, Instagram, Snapchat, TikTok, Twitter, Whatsapp, photos, other documents, etc.)

Yes No

8. Are you in need of any support services on campus?

9. I would like this allegation(s) investigated by the Title IX Office.

Yes No

10. I acknowledge and agree that my signing below will serve as my affirmation that the above allegation(s) is (are) true to the best of my knowledge, information and belief. Send this form to Patricia Cody, City Tech's Title IX Coordinator, at pcody@citytech.cuny.edu

Complainant Signature: _____

Date: _____