



CUNY Office the Vice Chancellor
Legal Affairs and General Counsel

Report of Alleged Misconduct

Do not use this form in the event of an emergency.
To report any condition that poses an immediate and serious threat to life or property, call 911 or Public Safety on your campus.

1. Please identify the CUNY campus or entity to which your report relates:

2. How did you become aware of the misconduct?

- I witnessed it
- It happened to me
- I was told about it
- I overheard it
- Other (please describe) _____

3. What is your affiliation to CUNY?

- Student
- Staff
- Faculty
- Independent Contractor
- Vendor
- Other (please specify) _____

4. What is the nature of alleged misconduct?

- Child abuse/misconduct involving minors
- Computer fraud/data security
- Conflict of Interest/ethics
- Discrimination/Harassment, including age, disability, sex and race
- Environmental Health and Safety
- Fraud, theft, embezzlement, misuse of college, university or other public resources
- Hazing
- NCAA/NJCAA (Athletics)
- Research or academic misconduct by faculty or staff
- Retaliation
- Other _____

5. Persons Involved

Please provide the names of all persons who you believe were involved in the misconduct. If available, please include the department/unit, title, position or other affiliation for these persons.

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Report of Alleged Misconduct *continued*

6. Have you said (orally or in writing) anything about the misconduct to any of the persons listed in your response to question 5?

Yes. Please describe what you said to whom, when you said it and the person's response.

No.

7. **Have you taken any steps to investigate the misconduct on your own?** (If you have not taken any steps, please do NOT until we can discuss this report with you.)

Yes.

No.

8. **Have you previously reported the misconduct to anyone at CUNY?**

Yes. Please identify the person(s) to whom you reported the misconduct and when you reported it:

No.

9. **Have you previously reported the misconduct to any government agency?**

Yes. Please identify the agency and when you reported the information to it.

No.

10. **Witnesses**

Are there persons who you believe witnessed the misconduct?

Yes. Please provide all names and any other identifying information such as department/unit, title, position or affiliation and phone number.

No.

Are there other persons you believe are aware of the misconduct?

Yes. Please identify them by name, title, position or affiliation and phone number, if available:

No.

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Report of Alleged Misconduct *continued*

11. Records

- a. Do you possess documents (written or electronic) that confirm or are otherwise relevant to the misconduct?

Yes. Please provide copies of them.

No.

- b. Please describe any documents that you have seen or believe exist that confirm or are otherwise relevant to the misconduct but which you do not possess. Please include where these may be located.

12. Location of the misconduct (if applicable)

- a. If the misconduct occurred on-campus, please identify the building(s) and department(s), office(s), room(s) or other location(s). If your report relates to misuse of a computer(s), please describe the location(s) and user(s) of the computer(s).

- b. If the misconduct occurred off-campus, please provide the address or approximate location(s).

13. Date/Time

- a. Approximately when (date/time) did the misconduct start and stop?

- b. If the misconduct is ongoing, please provide an approximate start date.

14. **Please provide a description of the misconduct.** Please be as specific as possible and include in your description how you became aware of it and whether the persons involved made any statements indicating they knew they were committing misconduct.

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Report of Alleged Misconduct *continued*

15. Your name and contact information:

We ask for your name and contact information so we have a way to ask you additional questions about the allegations.

Reports of violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to comply with all applicable laws, and to cooperate with law enforcement authorities. If you have specific concerns about confidentiality or retaliation, please describe them.

If you do not wish to identify yourself, you may provide us with an email address that does not reveal your identity but through which we can contact you.

Please email this form to the CUNY Office of General Counsel at OGC@CUNY.edu

Anonymous Reports:

If you are unwilling to provide us with a way to contact you, you can mail this report form to the address below. We regret that we often are unable fully to investigate anonymous reports.

**Office of the General Counsel and Senior Vice Chancellor for Legal Affairs
CUNY, 205 East 42nd Street – 11th Floor, New York, NY 10017**

