

ATTACHMENT A

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 identity, marital status, legally registered domestic partnership status, disability, predisposing genetic characteristics, alienage, citizenship, military or veteran status, status as a victim of domestic violence, or any other grounds or characteristic protected by law.

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):

- Checkboxes for: Race or color, National or Ethnic Origin, Religion, Age, Sex, Document Abuse, Sexual Orientation, Gender Identity, Marital or Partnership Status, Disability, Predisposing Genetic Characteristics, Alienage or Citizenship Status, Retaliation, Military or Veteran Status, Status as Victim of Domestic Violence, Sex Offenses, or Stalking, Ancestry, Sexual Harassment.

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. Describe briefly the incident; what occurred? (Attach extra sheets if necessary).

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

Signature: _____ Date _____