

Discrimination Complaint 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.

Received by _____ Date _____

PART A (PLEASE PRINT OR TYPE)

Name _____ Phone _____

Email _____ Status circle one: Faculty Staff Student

School site: _____

Home Address _____

PART B

ALLEGED DISCRIMINATION IS BASED ON (please circle all that apply):

Race or color National or Ethnic Origin Sex Document Abuse Sexual Orientation Sexual Harassment
Pregnancy Genetic Information Ancestry Alienage or Citizenship Status Military or Veteran Status
Religion/Creed Age Gender Identity Gender Disability Retaliation Marital or Partnership 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

Accused Name(s) _____ Title (if known) _____

PART C

Have you previously filed a complaint?

If yes, when? (Date)

Yes No

With whom?

Have you filed this charge with a federal, state or local government agency/court? Yes No

If yes, with which agency/court? When?

Briefly summarize the events, facts or other bases for your complaint. (Attach extra sheets if necessary).

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

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

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

Signature: _____ Date: _____