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):

☐ Race or color    ☐ National or Ethnic Origin    ☐ Religion    ☐ Age
☐ Sex

☐ Sexual Orientation    ☐ Gender Identity    ☐ Marital or Partnership Status    ☐ Disability

☐ Predisposing Genetic Characteristics    ☐ Alienage or Citizenship
☐ 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_______________________