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_________________________