

Form A

STATE UNIVERSITY OF NEW YORK
CHARGE OF DISCRIMINATION

This form is to be used by students and employees to file a complaint of discrimination based on race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

CAMPUS _____

(PLEASE PRINT OR TYPE)

RECEIVED BY _____ DATE _____

1. Name _____ Phone No. _____
Campus Address _____ Status _____
(Faculty, Staff, Graduate, Undergraduate)
Home Address _____
City _____ State _____ Zip Code _____

2. ALLEGED DISCRIMINATION IS BASED ON (please list all that apply):

3. Alleged Discrimination took place on or about: Month _____ Day _____ Year _____

Check if alleged discrimination is continuing ☐ Yes ☐ No

4. Respondent(s) Name(s) _____ Title (if known) _____

5. Please check the appropriate box(es):

☐ I have filed an informal complaint on _____
Date

☐ I elect to utilize the informal complaint process as described on page 5
of the Internal Discrimination Procedure.

☐ I elect to proceed immediately to file a formal complaint as described on pages 5-6
of the Internal Discrimination Procedure.

6. Have you filed this charge with a federal, state or local government agency?

☐ Yes ☐ No

If yes, with which agency? _____ When? _____

7. Have you instituted a suit or court action on this charge?

☐ Yes ☐ No

If yes, with which court? _____ When? _____

Court address _____

Contact person _____

8. Describe briefly the act which occurred and your reason for concluding that it was discriminatory:

9. I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____

Date _____