

Form A: [*SUNY Procedure, Doc. No. 6501. Discrimination Complaint Procedure*](#)

STATE UNIVERSITY OF NEW YORK
CHARGE OF DISCRIMINATION

This form can be used by students, employees, and third parties to file a complaint of discrimination based on a individual's race, color, national origin, religion, creed, age, disability, sex, gender identification, gender expression, sexual orientation, self-identified or perceived sex, the status of being transgender, familial status, pregnancy, predisposing genetic characteristics, military status, veteran status, domestic violence victim state, criminal conviction or any other category protected by law.

CAMPUS _____

(PLEASE PRINT OR TYPE) RECEIVED BY _____ DATE _____

1. Name _____ Phone _____
Campus Address _____ Status: _____
(Faculty, Staff, Graduate, Undergraduate)
Home Address _____
City _____ State _____ Zip Code _____

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

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

Location of alleged discrimination: _____

Check if alleged discrimination is continuing Yes No

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

Address: _____ Status: _____
(Faculty, Staff, Graduate, Undergraduate)

Telephone: _____

4. Witness(es) Names and contact information (attach additional pages if needed): _____

5. Please check the appropriate box(es):

- I have filed an informal complaint on _____ (Date).
- I have reported information concerning this matter on _____ (Date).
- I elect to utilize the informal complaint process as described in the Discrimination Complaint Procedure.

- I elect to proceed immediately to file a formal complaint as described in the Formal Resolution section of the internal Discrimination Complaint Procedure.

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

- Yes No

7. If yes, with which agency? _____ When? _____

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

- Yes No

If yes, with which court? _____ When? _____

Court address

Contact person _____

9. Describe briefly the act which occurred and your reason for concluding that it was discriminatory (attach extra pages if necessary).

10. Describe any corrective or remedial action you would like to see taken (attach extra pages if necessary).

I agree to provide such other or supplemental information that may be requested.

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 _____