The City College of New York

Office of Diversity and Compliance

DISCRIMINATION COMPLAINT PROCEDURES

Any City College employee, student, applicant for admission or employment or other participant in the College’s programs or activities who believes he or she has been unlawfully discriminated against on the basis of age, color, disability, national or ethnic origin, race, religion, sex, sexual orientation, or veteran status may file a complaint with the Office Diversity and Compliance (ODC) using the form below.

Complaints should be directed to:

Office of Diversity and Compliance
Shepard Hall, Room 109A-D
160 Convent Avenue
New York, NY 10031
Tel: (212) 650-6310
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 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/Creed ☐ Age

☐ Sex ☐ Document Abuse ☐ Gender Identity ☐ Gender

☐ Sexual Orientation ☐ Sexual Harassment ☐ Disability ☐ Retaliation

☐ Pregnancy ☐ Genetic Information ☐ Marital or Partnership Status

☐ Ancestry ☐ Alienage or Citizenship Status

☐ Military or Veteran 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

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

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

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

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

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

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

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

   Signature: ____________________________ Date: ________________