

The City College of New York

Office of Human Resources

Employee Complaint Form

This form may be used to file complaints against an employee or employees (faculty or staff member) for alleged violations of CUNY's policies and procedures as stipulated on the campus [Human Resources Policies & Procedures](#) website. Complaints of discrimination or sexual misconduct pursuant to CUNY's Policies on Equal Opportunity and Non-Discrimination and Sexual Misconduct, are handled by the College's Office of Diversity and Compliance. For more information, please visit the [Office of Diversity and Compliance](#) website.

For non-employee related complaints, please contact the following areas for assistance:

- **Complaints Against a Student(s) –
Division of Student Affairs**
Wille Administration Building
Room A 204
160 Convent Avenue
New York, NY 10031
P: 212.650.5426
E: studentaffairs@ccny.cuny.edu
- **Complaints Against a Visitor(s) –
Public Safety**
NAC 4/201
160 Convent Avenue
W 138th Street at Convent Ave
New York, NY 10031
P: (212) 650-6911
E: publicsafety@ccny.cuny.edu

CUNY's policy **prohibits retaliation** against any person who does the following:

- Files a complaint;
- Assists someone making a complaint;
- Participates in any manner in an investigation or resolution of a complaint;
- Seeks interim or supportive measures or accommodations pursuant to the applicable CUNY Policies related to a complaint;
- Opposes in a reasonable manner an act or policy believed to violate CUNY's policies and procedures.

PART A

Name: _____

Email Address: _____

EMPL ID Number _____

Contact/Cell Number: _____

Status (Complainant or Witness): _____

a. If so, when and to whom did you file it? _____

2. Have you filed this allegation with the campus's Public Safety or local law enforcement/agency?

Yes No

a. If yes, with which agency? _____

b. When? _____

c. If no, why?

Do not want to report Need assistance in reporting Other

f. If you chose other, please state the reason:

3. Do you have an order of protection (OOP) in this matter?

Yes No

a. If yes, is this order permanent or temporary?

Permanent Temporary

b. Next Court Date _____

4. Was the OOP given to your campus's Public Safety Office?

Yes No

a. If yes, when and to whom? _____

PART B

Summary of the Complaint

1. Alleged issue(s) took place on or about:

Month Day Year Time

a. Is (are) the alleged issue(s) continuing? YES NO

b. Where did the alleged issue(s) take place? _____

c. (location address) _____

2. Respondent Name (Person/persons about whom the complaint is against) _____

Title (if known) _____

3. What type of employee is the Respondent? CUNY Staff Faculty

4. Please describe the events and circumstances underlying the allegation of your complaint - (Add extra sheets if needed).

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

6. Please preserve any evidence in your possession that may be used as part of the investigation of this matter. Evidence may include but it not limited to: (i.e., Facebook, Instagram, Snapchat, Tik-tok, Twitter, WhatsApp, photos, other documents, etc.)

See attached

7. Are you in need of any support services on campus? No Yes, more details below

8. I acknowledge and agree that by clicking “Submit” will act as my electronic signature to this Complaint Allegation Form, as well as my affirmation that the above allegation(s) is (are) true to the best of my knowledge, information and belief.

Complainant Signature: _____

Date: _____