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
Shepherd Hall ~ Room 109A-D
160 Convent Avenue
New York, NY 10031
Tel: (212) 650-7330
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


2. Alleged discrimination took place on or about: Month__________ Day______ Year_____

   Is alleged discrimination continuing?       □ Yes       □ No

3. Accused Name (s) ____________________________________________
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. What type of resolution/remedy are you seeking from this office?

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

Signature: ____________________________________________ Date: ________________