



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):

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Race or color | <input type="checkbox"/> National or Ethnic Origin | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Document Abuse | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Marital or Partnership Status | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Alienage or Citizenship Status | | |

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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. 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: _____