STATE UNIVERSITY OF NEW YORK  
COLLEGE AT OLD WESTBURY  

STATEMENT OF CHARGE 

This form can be used by students, employees, and third parties to file a complaint of discrimination or harassment based on race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

(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 / HARASSMENT (circle one) IS BASED ON (please list all that apply):

   __________________________________________________________
   Alleged incident took place on or about: Month__________ Day_______ Year________
   Location of alleged incident: ________________________________________________________
   Check if alleged discrimination / harassment (circle one) 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 a complaint on ______________________ (Date).
   ☐ I have reported information concerning this matter on ______________________ (Date).

6. Have you filed this charge with a federal, state or local government agency?
   ☐ Yes ☐ No

7. If yes, with which agency? ________________________________ When? ______________________
STATEMENT OF CHARGE

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 or harassment (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: ________________