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? ____________________
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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: ________________