
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: _____