

**Form A:** [SUNY Procedure, Doc. No. 6501. Discrimination Complaint Procedure](#)

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STATE UNIVERSITY OF NEW YORK  
**CHARGE OF DISCRIMINATION**

This form can be used by students, employees, and third parties to file a complaint of discrimination 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.

CAMPUS \_\_\_\_\_

(PLEASE PRINT OR TYPE)

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Campus Address \_\_\_\_\_ Status: \_\_\_\_\_  
(Faculty, Staff, Graduate, Undergraduate)  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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2. ALLEGED DISCRIMINATION IS BASED ON (please list all that apply):

\_\_\_\_\_

Alleged Discrimination took place on or about: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Location of alleged discrimination: \_\_\_\_\_

Check if alleged discrimination 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): \_\_\_\_\_

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5. Please check the appropriate box(es):

- I have filed an informal complaint on \_\_\_\_\_ (Date).
- I have reported information concerning this matter on \_\_\_\_\_ (Date).
- I elect to utilize the informal complaint process as described in the Discrimination Complaint Procedure.
- I elect to proceed immediately to file a formal complaint as described in the Formal Resolution section of the internal Discrimination Complaint Procedure.

6. Have you filed this charge with a federal, state or local government agency?

Yes       No

7. If yes, with which agency? \_\_\_\_\_ When? \_\_\_\_\_

8. Have you instituted a suit or court action on this charge?

Yes       No

If yes, with which court? \_\_\_\_\_ When? \_\_\_\_\_

Court address

\_\_\_\_\_

Contact person \_\_\_\_\_

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9. Describe briefly the act which occurred and your reason for concluding that it was discriminatory (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 \_\_\_\_\_