

Appendix C
State University of New York College of Agriculture and Technology at Cobleskill
Discrimination Complaint Intake Form and Narrative

Instructions: Please complete this form and return it to Human Resources, Knapp 123

Your Name: _____ Today's Date: _____
Home Address: _____ E-mail: _____
Home Phone: _____ Office Phone: _____ Cell: _____

Please identify your relationship to the College:

- Employee Student Vendor Visitor Volunteer Employment Applicant
 Other: _____

If you are an employee, please complete the following:

Your Job Title: _____ Date of Hire: _____
Department: _____ Supervisor's Name: _____

Optional – Complete any categories below that may be relevant to this complaint:

Race/Ethnicity: _____ Religious Affiliation: _____
Sex/Gender: _____ Disability: _____
Military Status: _____ Other: _____

Discrimination Complaint

Name(s) of the individual(s) who allegedly violated College policy (the Respondent):

Respondent's relationship to the College:

- Employee Student Vendor Visitor Volunteer
 Other: _____

If the Respondent was an employee:

Respondent's Title: _____
Respondent's Department: _____

What action are you alleging occurred? (Check all that apply):

- Unfair grade Denied access to program Denied accommodation
 Inaccessible facility Denied training Denied promotion
 Denied equal pay Denied equal treatment Failed to hire
 Denied FMLA Laid Off/Terminated Non-renewed
 Subjected to hostile work and/or academic environment
 Sexual harassment Harassment (non-sexual) Sexual misconduct or violence

Domestic/dating violence Stalking Retaliation

Other: _____

Date of first incident: _____ Date of most recent incident: _____

Location where discrimination occurred: _____

What do you believe is the basis for the alleged discriminatory behavior (select all that apply):

Race Color Creed National or ethnic origin Religion Age

Disability Sex/Gender Sexual orientation Gender identity or expression

Marital status Familial status Military status Criminal convictions

Genetic predisposition Domestic violence victim status Pregnancy

Other protected class under State or Federal Law (please explain): _____

Please check all appropriate boxes:

I have previously reported information concerning this matter on (date) _____ to
(person's name) _____

I previously filed an Informal Discrimination Complaint on (date) _____

I elect to utilize the Informal Complaint Process described in the Discrimination Complaint Procedure.

I elect to proceed immediately to filing a formal complaint as described in the Discrimination Complaint Procedure.

Please answer the following questions as thoroughly and completely as possible. Attach additional sheets to provide complete information.

1. Provide a detailed account of what happened to you that was discriminatory or violated SUNY Cobleskill policy. Please provide names, dates, locations and specifics for each incident.

2. Did the Respondent provide any justification or reason for their actions?

3. Was anyone else treated the same way? When? How? Please provide their names and contact information.

4. Did anyone witness the behavior? What did they witness? Please provide their names and contact information.

5. Are there any documents, communications, social media posts, or other evidence that will support your case? Please explain. Attach them, if possible.

6. What harm or injury have you sustained as a result of this alleged incident?

7. What remedy/outcome are you requesting?

8. Did you report the incident(s) to anyone at the College? Please detail to whom you reported this, the date, time, and context of the report. Was any action taken as a result of your report?

9. Have you filed a complaint with any other external agency or court regarding this matter?
 Yes No If yes, where and when?

10. Are you a union member? Yes No
Did you file a grievance with your union? Yes No If yes, when?

11. Please provide any additional information you feel may be relevant or necessary.

I affirm that I have read the above allegation(s) and that it is (they are) true to the best of my knowledge, information or belief.

The Human Resources Director (or designee) shall agree to keep all information gathered relative to allegations of discrimination in confidence to the extent practicable or allowable by law and College policy. However, Human Resources may provide relevant information to the appropriate College staff as necessary.

I understand that it is a violation of State and Federal statutes and College policy to retaliate against an individual involved in an investigation of discrimination. If I am subjected to any adverse action that I feel may be retaliatory, I will promptly report such to the Human Resources Director (or designee).

I understand that the filing of an internal complaint with SUNY Cobleskill is not a waiver of my right to file a formal complaint of unlawful discrimination with the New York State Division of Human Rights, the Equal Employment Opportunity Commission (EEOC), the Federal courts, or the State courts.

In addition, I understand that the filing of an internal complaint does not stop the statute of limitations for litigation or for filing external complaints with the EEOC, the NYS Division of Human Rights, or any other agency hearing such complaints. I am aware that should I choose to file a verified complaint with an outside agency, such a complaint must be filed with EEOC within 180 days of the alleged incident, and with the State Division of Human Rights within 365 days of the alleged incident.

I understand that College policy does not constitute legal advice, and if I require legal advice, I will consult with an attorney.

By submitting this form, I am certifying the above statements to be true and factual to the best of my knowledge.

Signature

Date