



Discrimination Claim Form

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

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.

PLEASE PRINT OR TYPE

Received by:

Date:

1. Your name:

Phone:

Campus Address:

Status:

(Faculty, Staff, Graduate, Undergraduate)

Home Address:

City:

State:

Zip Code:

2. Alleged discrimination is based on: (please list all that apply):

Month

Day

Year

Alleged Discrimination took place on or about:

Location of alleged discrimination:

Check if alleged discrimination is continuing: Yes No

3. Respondent(s) Name(s):

Title (if known):

Address (if known):

Status:

(Faculty, Staff, Graduate, Undergraduate)

Telephone (if known):

4. Witness(es) name(s) and contact information (attach additional pages if needed):

5. Please check the appropriate box(es):

I have previously filed an informal complaint on

I have previously reported information concerning this matter on

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

9. Describe briefly the act or acts 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).

11. How has this alleged discrimination affected you in the education/employment setting?

I agree to provide such other or supplemental information that may be requested to the best of my ability.

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: _____

Please contact the campus Title IX Coordinator – Amanda Clark or a Deputy Title IX Coordinator – Nicole Field or Jill Basile with any questions or to request assistance in completing this form.