



Office of Affirmative Action, Compliance and Diversity

DISCRIMINATION COMPLAINT PROCEDURES

Any City College employee, student, applicant for admission or employment or other participant in the College's programs or activities who believes he or she has been unlawfully discriminated against on the basis of age, color, disability, national or ethnic origin, race, religion, sex, sexual orientation, or veteran status may file a complaint with the Office of Affirmative Action (AAO) using the form below.

Complaints should be directed to:

Office of Affirmative Action, Compliance and Diversity
Administration Building, A 200
160 Convent Avenue
New York, NY 10031
Tel: (212) 650-7331 / Fax: (212) 650-7341



Discrimination Complaint Form

Name				Date
Address:				E-Mail:
				Work Phone#:
				Home Phone#:
				SSN:
Affiliation with College:	Student <input type="checkbox"/>	Employee <input type="checkbox"/>	Other: <input type="checkbox"/>	
If employee:				
Position Title:				Department:
Supervisor's Name:				

Respondent(s) (person(s) against whom the charge is being made):

1) Name: _____ Relationship to You: _____

2) Name: _____ Relationship to You: _____

Basis of Your Complaint: (check all that apply)

- | | | | |
|-------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Other [Explain Below] |

Brief Description of Facts: Describe what acts you believe were discriminatory, including details about any harm you have suffered. Please provide the names of all persons involved, the dates of the incidents and any other details that supports your complaint. *(Continue on next page if necessary)*

Witnesses: List the names of anyone whom you believe could provide relevant information regarding your complaint of discrimination.

Name:	Phone #:
1.	
2.	
3.	
4.	
5.	