

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

SUNY Cortland
Discrimination Claim Form

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):

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 (if known) _____ Status: _____
(Faculty, Staff, Graduate, Undergraduate)

Telephone (if known): _____

4. Witness(es) Names and contact information (attach additional pages if needed): _____

5. Please check the appropriate box(es):

I have previously filed an informal complaint on _____ (Date).

I have previously 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? _____

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 _____