

# SUNY - NASSAU COMMUNITY COLLEGE

## COMPLAINT FORM

This form is to be used to file a charge of discrimination and/or harassment based on RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL HARASSMENT, SEXUAL VIOLENCE

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1. Your Name \_\_\_\_\_ ID# \_\_\_\_\_

2. Preferred Contact # \_\_\_\_\_

Faculty ( ) Staff ( ) Student ( ) Other ( ) \_\_\_\_\_

\_\_\_\_\_ Department

\_\_\_\_\_ Supervisor

Home Address \_\_\_\_\_  
Street City State Zip Code

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1. **Alleged discrimination was based on:** Age ( ) Bullying ( ) Disability ( ) Marital Status ( )  
Military/Veteran Status ( ) National Origin ( ) Sexual Harassment/Violence ( ) Race or Color ( ) Religion ( ) Sex ( )  
Sexual Harassment/Violence ( ) Other ( )

2. **Alleged discrimination took place on or about:** \_\_\_\_\_  
Month/day/year

Location: \_\_\_\_\_

a. Have you filed this charge with a Federal, State or Local Government? Yes ( ) No ( )

If yes, please indicate agency and date: \_\_\_\_\_

b. Have you instituted a suit or court action on this charge? Yes ( ) No ( )

If yes, please indicate: \_\_\_\_\_

3. **Is the alleged discrimination still continuing?** Yes ( ) No ( )

4. **Respondent (Accused)** \_\_\_\_\_  
(add additional page if multiple Respondents)

5. **Witness names and contact information** (if any) \_\_\_\_\_

6. **Please state the type of action that you would like to see end the situation.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Describe briefly the act which occurred and the reason for concluding that it was discriminatory** (use extra sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information, belief and this is not a frivolous or malicious complaint.**

Date \_\_\_\_\_

\_\_\_\_\_  
(Sign your name)

**Email your completed form to [aao@ncc.edu](mailto:aao@ncc.edu)**