

## **Allegation of Discrimination Complaint Form**

If you believe that you have been subjected to sexual harassment, you are encouraged to complete this form and submit it to the Title IX Coordinator, Affirmative Action Officer or University Police via email, campus mail or in person. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, SUNY Morrisville will complete this form, provide you with a copy and follow up with you accordingly.

**For additional resources, visit:**

[www.morrisville.edu/contact/offices/university-police/title-ix](http://www.morrisville.edu/contact/offices/university-police/title-ix)

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### **Complaint Form**

Name: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Status: -State -Employee -RF Employee -Student -Other \_\_\_\_\_

Employee I.D. \_\_\_\_\_

Student I.D. \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

May we contact you at work? Yes/No

• I wish to file a complaint of discrimination based on (check as many as you believe apply)  
-Age -Disability -Marital Status -National Origin -Race/Color -Religion -Gender - Veteran Status  
Other \_\_\_\_\_

Or

• I wish to file a complaint of Sexual Harassment

1. The date the alleged discrimination or harassment first took place: \_\_\_\_\_

2. Is the alleged discrimination or harassment continuing? Yes/No

If yes, most recent date: \_\_\_\_\_

3. Name of person who allegedly discriminated against you or harassed you (Respondent) \_\_\_\_\_

Respondent Job Title: \_\_\_\_\_

Respondent Department: \_\_\_\_\_

Your relationship to Respondent (direct report, coworker, etc): \_\_\_\_\_

4. Are you aware of any witnesses to this occurrence? Yes/No

If yes whom: \_\_\_\_\_

5. Did you report this charge to anyone within this institution? Yes/No

If yes to whom: \_\_\_\_\_

6. Do you have documents you wish to include with this statement? Yes/No

If yes, please describe and attach:

\_\_\_\_\_

7. Have you filed this charge with a federal or state agency? Yes/No

If yes, with which agency: \_\_\_\_\_

8. Briefly describe the act(s) that occurred and your reason for concluding that it was discrimination or sexual harassment. Include each event, the dates, and the names of everyone involved, or who may have witnessed the behavior. Attach additional pages if necessary.

\_\_\_\_\_

