

Hudson Valley Community College
Troy, New York 12180

COMPLAINT OF DISCRIMINATION

This form must be filled out to file an Equal Opportunity Complaint of Discrimination or Sexual Harassment that is based on race, color, sex, religion, national origin or disability, veteran's status, age, sexual orientation, marital status or any category protected by state statute or regulation. In accordance with the principles of due process the complaint procedure is provided for the careful, systematic and thorough review of complaints alleging unlawful discrimination by any Hudson Valley Community College employee or student or in any policy, program or standard, when the alleged discrimination is perceived to be based on the complainant's race, color, national or ethnic origin, sex, age, religion, marital status, disability, veteran's status, sexual orientation or any category protected by state statute or regulation.

ment.

PLEASE PRINT OR TYPE

1. YOUR NAME _____ STATUS (faculty, staff, student) _____

HOME PHONE # _____ WORK PHONE # _____

CAMPUS ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

2. HAVE YOU EVER FILED THIS COMPLAINT/CHARGE WITH A FEDERAL, STATE, OR LOCAL GOVERNMENT AGENCY: YES _____ NO _____

IF YES, PLEASE LIST THE AGENCY: _____

3. ALLEGED DISCRIMINATORY ACT(S) WAS BASED ON:

RACE _____ ETHNICITY _____ RELIGION _____ NATIONAL ORIGIN _____

DISABILITY _____ SEX _____ MARITAL STATUS _____ VETERAN'S STATUS _____

SEXUAL ORIENTATION _____ SEXUAL HARASSMENT _____

4. I ALLEGE THAT THE FOLLOWING INDIVIDUAL(S) ENGAGED IN DISCRIMINATORY ACTIONS AGAINST ME. IF MORE THAN ONE INDIVIDUAL HAS ALLEGEDLY DISCRIMINATED AGAINST YOU, PLEASE LIST EACH PERSON SEPARATELY.

NAME	STATUS (FACULTY, STAFF, STUDENT)	DEPARTMENT
1.		
2.		
3.		

5. PLEASE DESCRIBE THE ACTS OR ACTIONS THAT LED TO THIS COMPLAINT ON A SEPARATE PIECE OF PAPER AND ATTACH TO THIS FORM.

Signature: _____ Date: _____

Please note below any suggestions or recommendations you may have on resolving this complaint.
