



OFFICE OF DIVERSITY & INCLUSION COMPLAINT FORM

Instructions: Use this form to file a claim of discrimination based on race, color, national origin, creed/religion, age, sexual misconduct, gender (including pregnancy, gender-identity, gender-expression) marital/family status, disability, prior arrest/conviction, sexual orientation, predisposing genetic characteristics, military status, domestic-violence-victim status, and/or EEO retaliation.

Complete and return this form to the **OFFICE OF DIVERSITY & INCLUSION**.

Section 1: Complainant Information

Name	Title	
Department/Unit	Work Schedule (days/hours)	
Work Address		Cell Phone
Home Address		Email Address

Section 2: Supervisory Information

Immediate Supervisor Name	Title	
Work Address		Work Phone
2nd Level Supervisor Name	Title	
Work Address		Work Phone

Section 3: Details of Claim

1. Your claim of discrimination is based upon (check all that apply):

- | | | | |
|-------------------|-----------------------------------|----------------------------------|--------------------------------------|
| Race/Color | Disability | Pregnancy and Related Conditions | Predisposing Genetic Characteristics |
| Sexual Harassment | Religion/Creed | Gender/Sex | Sexual Assault/IP/Dating Violence |
| Age | Arrest/Criminal Conviction Record | Marital/Familial Status | Sexual Orientation |
| Military Status | National Origin | Domestic-Violence-Victim Status | Retaliation |
| | | | Other |

2. Your claim of discrimination is made against:

Name 1	Title	
Work Address		Work Phone

Relationship to you: Supervisor Co-worker Subordinate Other \longrightarrow Please Specify:

Name 2	Title	
Work Address		Work Phone

Relationship to you: Supervisor Co-worker Subordinate Other \longrightarrow Please Specify:



3. Date(s) discrimination occurred:

Is the discrimination continuing?

Yes No

4. Please describe briefly the alleged discriminatory conduct and your reasons for concluding that the conduct was discriminatory. Please include the names of witnesses, if any, and attach supporting data, if available. Attach additional pages, if necessary.

5. A. Have you filed a claim regarding this complaint with a federal, state or local government agency?

Yes No

B. Have you instituted a legal suit or court action regarding this complaint?

Yes No

C. Have you hired an attorney with respect to the allegations in the complaint?

Yes No

6. This complaint form was completed by:

- Complainant
- Supervisor/Manager
- Union Representative

Signature

Date

Return the completed form (by email, fax or mail) to the:

Office of Diversity & Inclusion

450 Clarkson Avenue, Brooklyn, NY 11203 MSC 1220

Email: AskODI@downstate.edu

Tel: (718) 270-1738 Fax: (718) 270-2276