DOWNSTATE
HEALTH SCIENCES UNIVERSITY

OFFICE OF DIVERSITY & INCLUSION
450 Clarkson Avenue - MSC1220, Brooklyn, NY 11203
Tel: (718) 270-1738 Fax: (718) 270-2276
AskODI@Downstate.edu

# OFFICE OF DIVERSITY & INCLUSION COMPLAINT FORM

**Instructions:** Use this form to file a claim of discrimination or harassment, based on race, color, national origin including shared ancestry and ethnic characteristics, 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.

This form may be used by a current or former Downstate Health Sciences University (Downstate) student or employee, or by a Third Party, to file a complaint under Section I of SUNY Procedure 6501 alleging Discrimination, Harassment, and/or Retaliation. Reports of possible Discrimination, Harassment, or Retaliation may be made to the Office of Diversity and Inclusion (ODI). A report does not, by itself, constitute the filing of a complaint under Section I. ODI will assess reports and respond as appropriate, even when this form is not submitted. ODI will determine the procedure applicable to the allegations and will advise you if another Downstate grievance procedure applies.

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

## PART I — ADMINISTRATIVE AND CONTACT INFORMATION

*This Part is maintained for administrative and investigative purposes and does not constitute the complaint under Section I of Procedure 6501. Part I will not be provided to the Respondent as part of the complaint. Information contained in Part I may nevertheless be disclosed when required by law or as necessary to administer the complaint process.*

1. **COMPLAINANT INFORMATION**

Name: _____ Title: _____

Department/Unit/College/Program: _____ Work Schedule (days/hours):_____

Work Address: _____ Cell Phone: _____

Home Address: _____Email: _____

Status: (check all that apply): ☐ Student ☐ Employee ☐ Student employee ☐ Former student ☐ Former employee ☐ Applicant ☐ Intern/Volunteer ☐ Contractor/Vendor ☐ Visitor ☐ Other Third Party: _____

Preferred email: _____

Preferred telephone: _____

Mailing address, if needed: _____

Preferred method of contact: _____

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2. **SUPERVISORY INFORMATION**

Immediate Supervisor: _____ Title _____

Work Address: _____ Work Phone: _____

2nd Level Supervisor: _____ Title: _____

Work Address: _____ Work Phone: _____

3. **PERSON ASSISTING THE COMPLAINANT WITH THIS FORM, IF ANY**

*A person may report or refer information concerning possible Discrimination, Harassment, or Retaliation without filing a complaint on behalf of the person alleged to have experienced the conduct. A report or referral does not, by itself, constitute a complaint under Section I by that person. ODI will assess the information and determine the appropriate process, if any, for response.*

Name: _____

Relationship to Complainant: _____

Contact information: _____

4. **WITNESSES OR OTHER PERSONS WHO MAY HAVE RELEVANT INFORMATION**

Name: _____ Contact information:_____

Name: _____ Contact information:_____

Name: _____ Contact information:_____

Additional persons may be listed on a separate page.

5. **RESPONDENT INFORMATION**

Name 1: _____ Title: _____

Work Address/Contact Information (if known):_____

Name 2: _____ Title: _____

Work Address/Contact Information (if known):_____

6. **OTHER FILINGS OR PROCEEDINGS**

Have you filed a complaint concerning this matter with an outside agency? ☐ No ☐ Yes

If yes: Agency: _____ Date: _____

Have you commenced a lawsuit or other court proceeding concerning this matter? ☐ No ☐ Yes

If yes: Court/Tribunal: _____ Date: _____

Case/Index No., if known: _____Contact information, if known: _____

*Note: Filing a complaint with Downstate does not extend any deadline for filing with an outside agency or court.*

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**PART II — CHARGE OF DISCRIMINATION, HARASSMENT AND/OR RETALIATION**
***THIS PART CONSTITUTES THE COMPLAINT FILED UNDER SECTION I OF SUNY PROCEDURE 6501. A COPY OF THIS PART WILL BE PROVIDED TO THE RESPONDENT IN ACCORDANCE WITH PROCEDURE 6501.***

1. **COMPLAINANT**

Name: _____

Status/Relationship to Downstate: _____

2. **RESPONDENT(S)**

Name 1: _____

Title/Role, if known: _____

Status, if known: ☐ Student ☐ Employee ☐ Student employee ☐ Third Party ☐ Downstate Office or other entity ☐ Other/Unknown: _____

Relationship to Complainant, if relevant: ☐ Supervisor ☐ Subordinate ☐ Faculty/Instructor ☐ Advisor ☐ Thesis/Dissertation Supervisor ☐ Coach ☐ Clinical Supervisor ☐ Coworker ☐ Student ☐ Other (Please Specify): _____

Name 2: _____

Title/Role, if known: _____
Status, if known: ☐ Student ☐ Employee ☐ Student employee ☐ Third Party ☐ Downstate Office or other entity ☐ Other/Unknown: _____

Relationship to Complainant, if relevant: ☐ Supervisor ☐ Subordinate ☐ Faculty/Instructor ☐ Advisor ☐ Thesis/Dissertation Supervisor ☐ Coach ☐ Clinical Supervisor ☐ Coworker ☐ Student ☐ Other (Please Specify): _____

3. **NATURE OF COMPLAINT — CHECK ALL THAT APPLY**

☐ Discrimination
☐ Harassment
☐ Retaliation
☐ Failure to provide a reasonable accommodation
☐ Other: _____

If you are alleging a failure to provide a reasonable accommodation, please identify the basis, if known:
☐ Disability
☐ Religion or creed
☐ Pregnancy status, maternity, or breastfeeding
☐ Transgender status
☐ Sexual violence victim status
☐ Other: _____
☐ Unsure

4. **YOUR CLAIM OF DISCRIMINATION OR HARASSMENT IS BASED UPON — CHECK ALL THAT APPLY**

☐ Race
☐ Color
☐ National origin, including shared ancestry and/or ethnic characteristics
☐ Sex
☐ Religion or creed
☐ Age
☐ Disability
☐ Gender
☐ Pregnancy or pregnancy outcomes/related conditions

☐ Gender identity
☐ Gender expression
☐ Sexual orientation
☐ Predisposing genetic characteristics
☐ Marital status
☐ Familial status
☐ Veteran status
☐ Military status
☐ Domestic violence victim status
☐ Criminal conviction status/conviction record
☐ Arrest record
☐ Citizenship or immigration status
☐ Reproductive healthcare and autonomy
☐ Sexual Assault/IP/Dating Violence/Domestic Violence
☐ Sexual Harassment
☐ Stalking
☐ Other characteristic protected by applicable state or federal law: _____
☐ Unsure

## 5. DATE(S), LOCATION(S), AND CONTINUING CONDUCT

Date of alleged conduct: _____

Most recent date, if more than one incident: _____

Location(s): _____

Is the conduct continuing? ☐ Yes ☐ No ☐ Unsure

If you are a student and the Respondent is a faculty or staff member, does this complaint arise from a supervisory, evaluative, teaching, advising, thesis or dissertation supervision, coaching, clinical supervision, or similar relationship?

☒ Yes ☐ No ☐ Not applicable

If yes, has that relationship ended? ☐ Yes ☐ No

If yes, date ended: _____

## 6. ALLEGATIONS

*Please describe the conduct you are complaining about and explain why you believe it constituted Discrimination, Harassment, and/or Retaliation. Include any additional facts you believe are relevant. Attach additional pages if necessary.*

## 7. REQUESTED CORRECTIVE OR REMEDIAL ACTION, IF ANY

*You may describe any corrective or remedial action you would like Downstate to consider. You are not required to identify a particular remedy, and your response does not limit the actions Downstate may consider under Procedure 6501.*

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8. **INTEREST IN INFORMAL RESOLUTION**

*Informal resolution is voluntary. The DCA may attempt informal resolution only with the agreement of both the Complainant and Respondent. Indicating interest below does not initiate informal resolution, require Downstate or Respondent to participate, or limit your ability to proceed to formal investigation and resolution.*

Are you interested in discussing whether informal resolution may be appropriate? ☐ Yes ☐ No ☐ Unsure

9. **NOTICE CONCERNING DISCLOSURE**

A copy of Part II of this form, including any additional pages used to continue the allegations in Section 6, will be provided to the Respondent in accordance with SUNY Procedure 6501. Supporting documents and other evidence should be submitted separately to Downstate/ODI and are not part of Part II merely because they are submitted in connection with the complaint. Please do not include Social Security numbers, financial account information, medical records, personal contact information, or other sensitive information that is unnecessary to describe the allegations.

10. **RETALIATION AND INTERFERENCE**

Retaliation against any person for reporting or providing information concerning Discrimination or Harassment, exercising a legal right, or participating in an investigation is prohibited. Concerns regarding retaliation or interference with an investigation should be reported promptly to ODI or other appropriate Campus officials.

11. **AFFIRMATION AND SIGNATURE**

By signing below, I am submitting Part II of this Charge as a complaint under Section I of SUNY Procedure 6501. If another Downstate process applies to the allegations, Downstate/ODI will advise me. I affirm that I have read this Charge and that the information provided in Part II is true to the best of my knowledge, information, and belief. I understand that Downstate/ODI may request additional information as necessary to review or investigate the complaint.

Signature (including electronic signature): _____ Date: _____

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

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