

Complaint Procedure for the Review of Allegations of Unlawful Discrimination

Appendix C

BINGHAMTON UNIVERSITY – Affirmative Action

Complaint Intake Form

This form can be used by students, employees, and third parties to file a complaint of discrimination based on race, color, national origin, religion, creed, age, disability, sex, gender identity, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.

Complaint Intake & Information (please print or type)

1. Your Name: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____ Primary Phone #: _____

Additional Phone #: _____ E-Mail address: _____

Your University affiliation (circle all that apply):

Faculty Staff Graduate Student Undergraduate Student Alumni Unaffiliated Unknown

2. ALLEGED DISCRIMINATION IS BASED ON (list all characteristics that apply from above)

Alleged discrimination took place on or about: Month: _____ Day: _____ Year: _____

Is the discrimination continuing now: ☐ Yes ☐ No

Name of the person who allegedly discriminated (if known): _____

Title (if known): _____

Address (if known): _____

City: _____ State: _____ Zip: _____

Relationship to complainant (e.g. supervisor, co-worker, professor etc.): _____

University Affiliation of person who allegedly discriminated (circle all that apply):

Faculty Staff Graduate Student Undergraduate Student Alumni Unaffiliated Unknown

Name(s) of others who witnessed the alleged discrimination (if known): _____

_____ (use additional pages if needed)

Was anyone else the recipient of this discrimination: ☐ No ☐ Yes

Would they be willing to speak to AA about the allegations: ☐ No ☐ Yes (if yes include name[s] below)

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Name(s) _____

3. Have you previously filed an informal complaint: ☐ No ☐ Yes (approx. date): _____

To whom (person or office) have you previously reported the informal complaint: _____

Have you previously reported information concerning this individual/behavior:

☐ No ☐ Yes (approx. date): _____

Have you filed this charge with a federal, state, or local government agency: ☐ No ☐ Yes

If yes, which agency: _____ Date? _____

Have you instituted a suit or court action on this matter: ☐ No ☐ Yes

If yes, which court: _____ Date: _____

Court Address: _____

Court Contact: _____

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4. Describe briefly the act or acts which occurred and your reason(s) for believing that it was discriminatory (attach extra pages and/or information if necessary).

5. Describe any corrective or remedial action you would like to see taken (attach extra pages if necessary).

6. How has this alleged discrimination affected you in your education/employment setting?

I affirm that I have read the above allegation(s) and that it is (they are) true to the best of my knowledge. The AA and the Complainant shall agree to keep all information gathered relative to allegations of discrimination in confidence to the extent practicable or allowable by law. However, with the consent of the Complainant, the AA may provide relevant information to the appropriate University staff when necessary.

I have been advised that it is a violation of State and Federal statutes to retaliate against an individual because they have filed a discrimination complaint. If I am subjected to any adverse action that I feel may be retaliatory, I will promptly report such to the AA.

I have been further advised that the filing of an internal complaint with the AA is not a waiver of my right to file a formal complaint of unlawful discrimination with the New York State Division of Human Rights, the Equal Employment Opportunity Commission (EEOC), the Federal courts, or the State courts.

In addition, I am advised that the filing of an internal complaint does not stop the statute of limitations for filing external complaints with EEOC, the NYS Division of Human Rights, litigation, or any other agency hearing such complaints. I am aware that should I choose to file a verified complaint with an outside agency, such a complaint must be filed with EEOC within 180 days of the alleged incident, and with the State Division of Human Rights within 365 days of the alleged incident.¹

Complainant's Signature: _____ Date: _____

AA Signature: _____ Date: _____

¹. Please note that this policy and the information contained in it does not constitute legal advice. If you require legal advice, consult an attorney