



## DISCRIMINATION/HARASSMENT COMPLAINT FORM

This form is to be used to file a complaint of discrimination based on race, color, religion, national origin, age, sex (including pregnancy), disability, sexual orientation, marital status, military status, domestic violence victim status, predisposing genetic characteristics, veteran status or any other protected class as defined by New York State or federal laws.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last, First)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Student  Faculty  Staff  Other

Please answer the questions below to describe the alleged discrimination.

Race  National Origin  Disability  Military Status

Color  Age  Sex  Religion

Sexual Orientation  Domestic Victim Status  Sexual Harrassment

Marital Status  Predisposing genetic Characteristics  Stalking

Other:

1. What are you alleging?

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2. Who committed the alleged harassment/discrimination? (Name, job title)(Witnesses? Names,title).

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3. What exactly occurred or was said?

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4. When did the harassment/discrimination occur and is it still ongoing? (Provide dates, times)(Witnesses?)

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5. How did the harassment/discrimination affect you?

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6. Did you tell anyone about the harassment /discrimination? If so, who? Please provide the names, title (if you know) and the telephone number.

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7. Do you have written documentation? (Cards, letters, journals, or calendars relevant to your complaint) If so, please provide copies of the documents.

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8. How do you suggest or prefer that your complaint be resolved?

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Have you filed this complaint with a federal, state or local government agency? Yes  No

If yes, when? \_\_\_\_\_ Agency: \_\_\_\_\_

Have you instituted a suit or court action on this complaint? Yes \_\_\_\_\_ No \_\_\_\_\_

A signature is an indication that the information that is submitted above is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Related inquires should be addressed to the Title IX, Americans with Disability and Section 504 Compliance Coordinator, Tracy A. Archie, Chief Diversity Officer, Erie Community College, Room 174, 121 Ellicott Street, Buffalo, New York 14203; archie@ecc.edu; 851-1118.**