

**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 civil 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, religion, gender, disability, sexual orientation, veteran's status, age, marital status, age. In order to initiate a complaint of discrimination, please contact and submit this form to the Office of Affirmative Action and Human Resource Development.*

**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.**

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