BUFFALO STATE
The State University of New York

STATE UNIVERSITY OF NEW YORK
CHARGE OF DISCRIMINATION

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.

(PLEASE PRINT OR TYPE)   RECEIVED BY_____   DATE _____

1. Name_____   Phone _____

   Campus Address_____   Status:_____
                                                    (Faculty, Staff, Graduate, Undergraduate)
   Home Address_____

   City_____   State_____   Zip Code_____

2. ALLEGED DISCRIMINATION IS BASED ON (please list all that apply):

   _____

   Alleged Discrimination took place on or about: Month_____   Day_____   Year_____

   Location of alleged discrimination:_____ _____

   Check if alleged discrimination is continuing ◯ Yes   ◯ No

3. Respondent(s) Name(s) _____ Title (if known) _____

   Address: _____   Status: _____
                                                        (Faculty, Staff, Graduate, Undergraduate)
   Telephone: _____

4. Witness(es) Names and contact information (attach additional pages if needed):_____

   _____

5. Please check the appropriate box(es):

   ☐ I have filed an informal complaint on _____(Date).

   ☐ I have reported information concerning this matter on _____(Date).

☐ I elect to utilize the informal complaint process as described in the Discrimination Complaint Procedure.

☐ I elect to proceed immediately to file a formal complaint as described in the Formal Resolution section of the internal Discrimination Complaint Procedure.

6. Have you filed this charge with a federal, state or local government agency?

◯ Yes   ◯ No

7. If yes, with which agency?_____ When?_____

8. Have you instituted a suit or court action on this charge?
◯ Yes   ◯ No

If yes, with which court?_____ When? _____

Court address
_____

Contact person_____

9. Describe briefly the act which occurred and your reason for concluding that it was discriminatory (attach extra pages if necessary).

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

I agree to provide such other or supplemental information that may be requested.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature:_____   Date_____

_ **Form A:** *SUNY Procedure, Doc. No. 6501. Discrimination Complaint Procedure*