The City University of New York
Sexual Misconduct Complaint Form

This form may be used by reporting individuals or complainants, including employees, students and visitors, who wish to file a complaint of sexual harassment, gender-based harassment and/or sexual violence pursuant to CUNY’s Policy on Sexual Misconduct. CUNY’s policy prohibits retaliation against any person who reports sexual misconduct, assists someone making such a report, participates in any manner in an investigation or resolution of sexual misconduct complaint, seeks interim or supportive measures or accommodations pursuant to CUNY's Policy on Sexual Misconduct, or opposes in a reasonable manner an act or policy believed to constitute sexual misconduct.

Campus

Received by Date

PART A (PLEASE PRINT OR TYPE)

Name:

Email Address:

Contact/Cell Number:

Status (e.g. Faculty, Staff, Student, Visitor):

Campus Address (e.g. Building or Department):

Home Address:

PART B

Summary of Sexual Misconduct Complaint

1. Alleged sexual misconduct took place on or about: Month ________ Day ________ Year

Other dates/times?

Is the alleged sexual misconduct continuing? ☐ YES ☐ NO

2. Accused/Respondent Name(s) __________________________________________

Title (if known) _______________________________________________________

3. Please describe the incident(s) or facts regarding your complaint- what occurred? (Add extra sheets if needed).

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
4. Please identify any witnesses or other individuals with information regarding your allegations.

5. I affirm that the above allegation is true to the best of my knowledge, information, and belief.

Signature: ____________________________

Date: ____________________________