

**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 a 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). _____

