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).
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
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: ________________________________