

FORM B

DIRECTIONS

READ CAREFULLY

1. Complete this form only if you, as an employee, non-employee or applicant of SUNY Rockland Community College, think you have been discriminated against, sexually harassed, retaliated against, or otherwise harassed in violation of SUNY Rockland's Equity and Compliance Policy.
2. If you wish to file a complaint contact the Equity and Compliance Officer in Room 6205, telephone: 574-4758.
3. File your written complaint with the Equity and Compliance Officer. If you are more comfortable reporting verbally or in another manner, the Equity and Compliance Officer will complete this form, provide you with a copy and follow the Equity and Compliance Policy by investigating the claims as outlined in this form.
4. Meet with the Equity and Compliance Officer or designee who will try to informally resolve the matter as soon as possible to your mutual satisfaction.
5. At any time, you have a right to file a complaint with the New York State Division of Human Rights, Equal Employment Opportunity Commission or to take any legal action which you may deem advisable.

**PLEASE FILL OUT THE ATTACHED COMPLAINT FORM
AS COMPLETELY AS POSSIBLE**

**ROCKLAND COMMUNITY COLLEGE COMPLAINT OF DISCRIMINATION,
HARASSMENT, OR RETALIATION**

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(Before Completing This Form, Please Read the Instructions On The Preceding Page)

1. **Complainant's Name:**

2. **Work Address:**

3. **Work Phone Number:**

4. **Work Email:**

5. **(Check one):** _____ Employee
 _____ Non-employee
 _____ Applicant

6. **Date of Hire:** _____

7. **Date of Termination:** _____

8. **Department You Believe
Discriminated, Harassed or Retaliated
Against You:**

9. **Name and Title of Person You Believe
Discriminated, Harassed or Retaliated
Against You:**

Relationship to you: _____ Supervisor _____ Subordinate _____ Co-Worker _____ Other

10. **Are you now working
for the College?**

_____ YES _____ NO

11. **Department Where You Work:**

12. **Date or Time Period
Alleged Discrimination
Harassment or Retaliation
Took Place:**

Month Day Year

Month Day Year

13. **Job Grade:**

Position Title:

14. **Civil Service**

Status:

_____ Provisional

_____ Probation

_____ Permanent

Is the discrimination, harassment or retaliation continuing? _____ YES _____ NO

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15. CHECK BASIS OF COMPLAINT

_____ **Discrimination Based Upon:**

- | | | |
|---------------------------------------|--|-----------------------------------|
| _____ Age | _____ Familial status | _____ Pregnancy-related condition |
| _____ Color | _____ Gender identity | _____ Race |
| _____ Creed | _____ Marital status | _____ Religion |
| _____ Criminal history | _____ Military status | _____ Sex |
| _____ Disability | _____ National origin | _____ Sexual orientation |
| _____ Domestic violence victim status | _____ Predisposing genetic characteristics | |

_____ **Harassment:**

_____ Sexual

_____ Other: Identify:

_____ **Retaliation: For What?** _____

16. Explain How You Were Discriminated Against, Harassed, or Retaliated Against:
(Attach additional page if necessary)

17. Identify all employees or others who witnessed and/or who have knowledge of the complained-of-conduct; describing what was witnessed and/or the nature of the knowledge.

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18. Are there any written statements or other documents which contain information supporting the conduct described above?

19. Is there any physical evidence which supports your complaint? If so please describe.

20. Have you missed any work time as the result of the complained of conduct? If "yes" identify the occasions.

21. Have you incurred any unreimbursable medical expenses as the result of the complained of conduct? If "yes" please describe.

22. If you previously complained about this or related acts thereof to a College supervisor or official, please identify the individual to whom you complained, the date of the complaint and the resolution of your complaint.

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23. What corrective action or remedy are you seeking?

ACKNOWLEDGMENTS

I CERTIFY THAT I HAVE READ AND RECEIVED A COPY OF THE ABOVE CHARGE(S); THAT IT IS (THEY ARE) TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

IN ORDER TO INVESTIGATE YOUR COMPLAINT, IT WILL BE NECESSARY TO INTERVIEW YOU, THE PERSON(S) ALLEGED TO HAVE COMMITTED THE CONDUCT COMPLAINED OF, AND ANY WITNESSES WITH KNOWLEDGE OF THE ALLEGATIONS OR DEFENSES. THE COLLEGE WILL NOTIFY ALL PERSONS INVOLVED IN THE INVESTIGATION THAT IT IS CONFIDENTIAL. INFORMATION WILL ONLY BE DISCUSSED WITH OTHERS ON A "NEED TO KNOW" BASIS FOR PURPOSES OF PROPERLY PROCESSING THE COMPLAINT.

I AM WILLING TO COOPERATE FULLY IN THE INVESTIGATION OF MY COMPLAINT AND TO PROVIDE WHATEVER EVIDENCE THE COLLEGE DEEMS RELEVANT.

SIGNATURE

DATED: _____