

DUTCHESS

COMMUNITY COLLEGE

CHARGE OF DISCRIMINATION

This form is to be used to file a charge of Unlawful Discrimination by a DCC employee

1. Your Name: _____ Contact #: _____

Faculty / Staff/ Student Status : _____ Email : _____

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

2. (a) Have you filed this charge with a Federal, State, or Local Government Agency?

No Yes When? _____/_____/_____
Month Day Year

(b) Have you initiated a suit or court action on this charge?

No Yes When? _____/_____/_____
Month Day Year

3. The date that the alleged discrimination took place _____/_____/_____
Month Day Year Is the alleged discrimination continuing? _____

4. Describe briefly the act or acts which occurred and your reasons for concluding that it was discrimination (use extra paper if necessary):

5. The discrimination was on the basis of: ___ Gender/Sex ___ Race ___ National Origin ___ Religion ___ Sexual Orientation
___ Disability

6. 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.

Sign your name

Date