

Complaint Intake Form

CASE # _____

STONY BROOK UNIVERSITY, OFFICE OF DIVERSITY & AFFIRMATIVE ACTION

Complaint Intake & Information Sheet

Name: _____ Date: _____

Address: _____

Day Telephone #: _____ Evening Telephone #: _____ Cell #: _____

May we contact you at work? Yes No State Employee RF Employee
 Student (undergraduate) Student (graduate)

1. Please indicate your:

Date of Birth: _____ Sex: _____

Religious Affiliation: _____

Race/Ethnicity: _____ Marital Status: _____

Job title: _____ Date of Hire: _____

Highest level of education completed: _____

Department in which you work: _____

Supervisor's name and Job title: _____

2. Name and title of the person that allegedly discriminated against you:

Their status: Student GA/TA Faculty Staff

3. What was done to you that you feel was unfair? (check all that apply):

- Denied Fair Grade Denied Access to Program Denied Accommodation
- Denied Equal Pay Denied Equal Treatment Failed to Hire
- Denied Training Denied Promotion Laid You Off
- Terminated You Forced Your Retirement/Resignation
- Subjected you to a hostile work environment
- Other: _____

4. Were you given a reason(s) for what was done to you? If so, what reason(s)?

5. What do you think is the real reason(s)? Discrimination* because of

- | | | |
|---|--|---|
| <input type="checkbox"/> Creed/Religious Belief | <input type="checkbox"/> Gender | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Race/Color | <input type="checkbox"/> Physical/Mental Condition/Disability |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Opposed Discrimination | <input type="checkbox"/> Sexual Harassment | |
| <input type="checkbox"/> Other (explain): _____ | | |

*Note: If you don't believe the reason was discrimination, please inform the Affirmative Action/EEO Specialist.

6. Disability cases: What is the nature of your disability? _____

7. Did you ask for an accommodation? Yes No If so, to whom? _____

What was the accommodation sought? _____

8. Original (first) date of discrimination: _____

9. Most recent date of discrimination: _____

10. Have you filed a complaint with any other agency, court, or dept. regarding this matter? Yes No
If so, where? _____

11. Describe everything that happened to you that you feel was discriminatory. Include each event, the date(s), names and titles of everyone involved. Attach additional pages if necessary.

12. Did you complain? Yes No If so, to whom? _____

13. When did you complain? _____

14. Was anyone else treated the same way that you were?

<u>Name</u>	<u>Job Title</u>	<u>Race/Ethnicity</u>	<u>Age</u>	<u>Gender</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Did anyone witness the treatment that you were subjected to?

<u>Name</u>	<u>Job Title</u>	<u>Telephone No.</u>	<u>What did they witness?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Are you a union member? Yes No If so, did you file a grievance with your union? _____

CSEA PEF UUP Council #82 GSEU NYSCOBA

17. What is your current salary? _____

18. Are there any documents that can support your case? If so, what are they, and do you have them?

19. What have you lost as a result of what happened to you? (salary, benefits, etc.) _____

20. What reasonable remedy are you looking for? _____

I affirm that I have read the above allegation(s) and that it is (they are) true to the best of my knowledge. The Office of Diversity and Affirmative Action and the Complainant shall agree to keep all information gathered relative to allegations of discrimination in confidence to the extent practicable or allowable by law. However, with the consent of the Complainant, the Office of Diversity and Affirmative Action may provide relevant information to the appropriate University staff when necessary.

I have been advised that it is a violation of State and Federal statutes to retaliate against an individual because they have filed a discrimination complaint. If I am subjected to any adverse action that I feel may be retaliatory, I will promptly report such to the Office of Diversity and Affirmative Action.

I have been further advised that the filing of an internal complaint with the Office of Diversity and Affirmative Action is not a waiver of my right to file a formal complaint of unlawful discrimination with the New York State Division of Human Rights, the Equal Employment Opportunity Commission (EEOC), the Federal courts, or the State courts.

In addition, I am advised that the filing of an internal complaint does not stop the statute of limitations for filing external complaints with EEOC, the NYS Division of Human Rights, litigation, or any other agency hearing such complaints. I am aware that should I choose to file a verified complaint with an outside agency, such a complaint must be filed with EEOC within 180 days of the alleged incident, and with the State Division of Human Rights within 365 days of the alleged incident.¹

Date

Revised 1/04

Complainant's Signature

For Office Use:

¹ Please note that this policy and the information contained in it does not constitute legal advice. If you require legal advice, consult an attorney.