

**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 asexual 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). \_\_\_\_\_

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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: