Hudson Valley Community College Troy, New York 12180

COMPLAINT OF DISCRIMINATION

This form must be filled out to file an Equal Opportunity Complaint of Discrimination or Sexual Harassment that is based on race, color, sex, religion, national origin or disability, veteran's status, age, sexual orientation, marital status or any category protected by civil statute or regulation. In accordance with the principles of due process the complaint procedure is provided for the careful, systematic and thorough review of complaints alleging unlawful discrimination by any Hudson Valley Community College employee or student or in any policy, program or standard, when the alleged discrimination is perceived to be based on the complainant's race, color, national or ethic origin, religion, gender, disability, sexual orientation, veteran's status, age, marital status, age. In order to initiate a complaint of discrimination, please contact and submit this form to the Office of Affirmative Action and Human Resource Development.

PLEASE PRINT OR TYPE				
1. YOUR NAME		STATUS (faculty, s	aff, student)	
HOME PHONE #	W	WORK PHONE #		
CAMPUS ADDRESS				
HOME ADDRESS				
CITY				
2. HAVE YOU EVER FILE LOCAL GOVERNMENT A IF YES, PLEASE LIST THE	GENCY: YES	NO		
3. ALLEGED DISCRIMIN	NATORY ACT(S) WA	S BASED ON:		
RACEETHNICITY_	RELIGION_	NATIONAL ORIG	GIN	
DISABILITYSEX	MARITAL STA	 ΓUS VETERAN	'S STATUS	
		ASSMENT		
EXCIL ONE TITION _				
	FOLLOWING INDIV E. IF MORE THAN O	NE INVIDUAL HAS A	LLEGEDLY	
4. I ALLEGE THAT THE ACTIONS AGAINST M	FOLLOWING INDIV E. IF MORE THAN O MINST YOU, PLEASE	NE INVIDUAL HAS A LIST EACH PERSON STATUS (FACULTY, STAFF,	LLEGEDLY	
4. I ALLEGE THAT THE ACTIONS AGAINST M DISCRIMINATED AGA NAME	FOLLOWING INDIV E. IF MORE THAN O MINST YOU, PLEASE	NE INVIDUAL HAS A LIST EACH PERSON STATUS	LLEGEDLY SEPARATELY.	
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Date:

Signature: