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 ethnic 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, staff, student)_____________
   HOME PHONE # ______________________ WORK PHONE #_________________________
   CAMPUS ADDRESS_____________________________________________________________
   HOME ADDRESS_______________________________________________________________
   CITY________________________ STATE________________ ZIP________________________

2. HAVE YOU EVER FILED THIS COMPLAINT/CHARGE WITH A FEDERAL, STATE, OR
   LOCAL GOVERNMENT AGENCY: YES_______________ NO_________________
   IF YES, PLEASE LIST THE AGENCY: ____________________________________________

3. ALLEGED DISCRIMINATORY ACT(S) WAS BASED ON:
   RACE______ETHNICITY ______ RELIGION _______ NATIONAL ORIGIN________
   DISABILITY______ SEX_______MARITAL STATUS _______VETERAN’S STATUS______
   SEXUAL ORIENTATION ______SEXUAL HARASSMENT______

4. I ALLEGE THAT THE FOLLOWING INDIVIDUAL(S) ENGAGED IN DISCRIMINATORY
   ACTIONS AGAINST ME. IF MORE THAN ONE INVIDUAL HAS ALLEGEDLY
   DISCRIMINATED AGAINST YOU, PLEASE LIST EACH PERSON SEPARATELY.

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<th>NAME</th>
<th>STATUS</th>
<th>DEPARTMENT</th>
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5. PLEASE DESCRIBE THE ACTS OR ACTIONS THAT LED TO THIS COMPLAINT ON A
   SEPARATE PIECE OF PAPER AND ATTACH TO THIS FORM.

Signature: ___________________________ Date: ________________
Please note below any suggestions or recommendations you may have on resolving this complaint.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________