CASE #: ___________________________ (FOR OFFICE USE ONLY)

FASHION INSTITUTE OF TECHNOLOGY
AFFIRMATIVE ACTION
Complaint Intake & Information Sheet

This form is to be used by students and employees to file a complaint of discrimination based on RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, VETERAN’S STATUS, AGE, DISABILITY, MARITAL OR PARENTAL STATUS, OR SEXUAL HARASSMENT.

Received By: ___________________________ Date: ___________________________

1. Name: __________________________________________ Phone No.: ___________________________

Campus Address: __________________________________ Status: ___________________________
(Administration, Faculty, Staff, Graduate, Undergraduate, Non-degree, Contracted Employee)

Home Address: __________________________________

City: ___________ State: ___________ Zip Code: ___________ Email address: ________________________

2. Alleged discrimination is based on (please check all that apply):

□ Age □ Disability □ Marital/Parental Status □ National Origin □ Race or color
□ Religion □ Sex □ Sexual Harrassment □ Sexual Orientation □ Veteran’s Status

3. Alleged discrimination took place on or about: Month______________ Day________ Year________

Check if alleged discrimination is continuing: □ Yes □ No

4. Respondent(s) Name(s) ___________________________ Title(s) (if known) ___________________________

5. Please check the appropriate box(es):

□ I have filed an informal complaint on _______________. Date

□ I elect to proceed immediately to file a formal complaint.

6. Have you filed this charge with a federal, state or local government agency? □ Yes □ No

If yes, with which agency? ___________________________ When? ___________________________

7. Have you instituted a suit or court action on this charge? □ Yes □ No

If yes, with which court? ___________________________ When? ___________________________

Court address: __________________________________________________________________________
Contact person: __________________________________________________________________________

Office of Affirmative Action Rev 01/13
8. Describe briefly the action(s) that occurred and your reason for concluding that the action(s) was discriminatory (attach extra sheets is necessary).

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9. I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. I understand that FIT prohibits any form of retaliation against individuals who file a complaint of discrimination in good faith. If I am subjected to any adverse action that I feel may be retaliatory, I will promptly report such to the Affirmative Action Officer.

Signature: _____________________________ Date: _____________________________