

**The City University of New York**  
**Sexual Misconduct Allegation 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 a sexual 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 \_\_\_\_\_

Date filed \_\_\_\_\_

**PART A.**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

EMPL ID Number \_\_\_\_\_

Contact/Cell Number: \_\_\_\_\_

Status (e.g. Student, Alumnus, Faculty, Staff, Visitor): \_\_\_\_\_

Home Address: \_\_\_\_\_

1. Have you previously filed a complaint?

Yes  No

a. If so, when and to whom did you file it? \_\_\_\_\_

2. Have you filed this allegation with a federal, state or local law enforcement/agency?

Yes  No

a. If yes, with which agency? \_\_\_\_\_

b. When? \_\_\_\_\_

c. If no, why?

d.  Do not want to report  Need assistance in reporting  Other

e. If you chose other, please state the reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have an order of protection (OOP) in this matter?

Yes  No

a. If yes, is this order permanent or temporary?

Permanent

Temporary      Next Court Date \_\_\_\_\_



