## 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?
<ul><li>2. Have you filed this allegation with a federal, state or local law enforcement/agency?</li><li>□ Yes □ No</li></ul>
<ul><li>a. If yes, with which agency?</li><li>b. When?</li><li>c. If no, why?</li></ul>
<ul> <li>d. □ Do not want to report □ Need assistance in reporting □ Other</li> <li>e. If you chose other, please state the reason:</li> </ul>
3. Do you have an order of protection (OOP) in this matter?
□ Yes □ No
<ul> <li>a. If yes, is this order permanent or temporary?</li> <li>□ Permanent</li> <li>□ Temporary Next Court Date</li> </ul>

4.	Was OOP given to your campus Public Safety Office?
	□ Yes □ No
	a. If yes, when and to whom?
<u>P</u> A	RT B
	<b>Summary of Sexual Misconduct Allegation</b>
1.	Alleged sexual misconduct took place on or about:
	Month Day Year Time
	<ul> <li>a. Is the alleged sexual misconduct continuing? □ YES □ NO</li> <li>b. Where did the alleged sexual misconduct take place?</li> <li>c. (location address)</li> </ul>
2.	Respondent Name(s)
	Title (if known)
3.	Is the Respondent a CUNY
	□ Student □ Staff □ Faculty □ Alum □ Visitor
	a. If not, what is respondent's relationship to you?
4.	Was this allegation previously reported to any one of the following:
5.	Please describe the events and circumstances underlying your allegation of Sexual Misconduct - (Add extra sheets if needed).

6.	Please identify any witnesses or other individuals with information regarding your allegations.
7.	Please preserve any evidence in your possession that may be used as part of the investigation of the matter. Evidence may include but it not limited to: (i.e Facebook, Instagram, Snapchat, TikTok, Twitte Whatsapp, photos, other documents, etc.)
	□ Yes □ No
8.	Are you in need of any support services on campus?
9.	I would like this allegation(s) investigated by the Title IX Office.
	□ Yes □ No
	☐ I acknowledge and agree that by clicking "Submit" will act as my electronic signature to this Sexua Misconduct Allegation Form, as well as my affirmation that the above allegation(s) is true to the best o my knowledge, information and belief.
10.	
10.	Complainant Signature:

Please submit completed form to: TitleIX@lagcc.cuny.edu