## DISCRIMINATION AND DISCRIMINATORY HARASSMENT COMPLAINT FORM

If you believe NYIT's policy against discrimination or discriminatory harassment has been violated, you are encouraged to complete this form and submit it to the Office of Human Resources, or in case of sexual harassment, to the Title IX Coordinator. Once you submit this complaint form, NYIT will follow the investigation process described in its policy and will contact you regarding your complaint.

If you are more comfortable reporting complaints verbally or in manner other than this form, please contact the Office of Human Resources or the Title IX Coordinator so we may begin investigating your complaint.

## **GENERAL INFORMATION**

Your Name / Job Title:		
Your Department / Supervisor:		

Preferred Communication Method (if via e-mail or phone, please provide contact info):

## COMPLAINT

- 1. Please tell us who you believe has violated our Non-Discrimination and Discriminatory Harassment Policy.
- Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct violated policy. Please use additional sheets of paper if necessary and attach any relevant documents or evidence to this form.

3.	Please provide specific date(s) the allege please advise if the alleged misconduct is		Additionally,
4.	Please list the name and contact information related to your command to the second sec	-	ndividuals that
5.	Have you previously complained or proviously to NYIT? If yes, wh provide information?	•	,
rec	ave reviewed NYIT's Non-Discrimination quest that NYIT investigate this complain vise me of the results of the investigation.		
Siç	gnature:	Date:	