



Discrimination Intake Form (Students)

INSTRUCTIONS: This complaint form should be completed and returned to the Office of Equal Opportunity, Inclusion, and Resolution Services to assist in the investigation and resolution process. For detailed information on the complaint process please contact our office at 315.443.4018 or send an email to equalopp@syr.edu

1. Name of Complainant (Last, First, Middle Initial):

2. SUID

Are you filing this complaint for someone else? Yes No

a. If yes, who do you believe was discriminated against?

Name:

Relationship to you:

3. School, College, Department, or Unit:

4. Student Status (Undergraduate, Graduate, Alum):

5. Best Contact Number/Email:

6. Special Requests

I need:

a. A translator (if so, which language?): _____

b. Accommodations for a disability: _____

c. Other: _____

7. REASON(S) YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check all that apply)

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- Age
- Marital Status
- Citizenship
- Military/Veterans Status
- Disability
- National Origin
- Ethnicity
- Race/Color
- Family Status
- Religion/Creed
- Gender/Sex
- Genetic Information
- Gender Identity/Gender Expression
- Sexual Orientation
- Sexual Harassment
- Dating/Domestic Violence *status*
- Pregnancy
- Retaliation (*if you filed a discrimination complaint before or helped someone else with a discrimination complaint, or reported discrimination due to any of the categories in section 5*)
- Other

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ACTS OF DISCRIMINATION/HARASSMENT

8. What did the person/department you are complaining against do? Please check all that apply.

- Treated me/peer differently than my peers because of my identity (one of the “protected categories listed above”)
- Denied me/peer equal access to educational benefits (i.e. advising, academic opportunities and resources, etc.) because of my identity
- Graded me/peer unfairly because of my/peer identity
- Created a hostile environment for me or other individuals based on identity
- Sexually harassed me/peer
- Harassed or intimidated me/peer (other than sexual harassment)
- Denied my/peer academic accommodation requested and approved through the Office of Disability Services
- Denied my/peer requested religious accommodation
- Other

If *Other* Please briefly explain in further detail why you feel you have been discriminated against / harassed or why you believe a peer was subjected to discrimination/harassment. (You will have an opportunity to speak with an investigator and submit any additional documentation).

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9. Please name the individual(s) who you believe has discriminated?

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

10. Witnesses

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

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11. Additional Complaint Details

Examples of other people who were discriminated against in the same way: (For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

Examples of other people who were treated better than you/they were: (For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.)
