

**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 \_\_\_\_\_



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6. Please identify any witnesses or other individuals with information regarding your allegations.

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7. Please preserve any evidence in your possession that may be used as part of the investigation of this matter. Evidence may include but it not limited to: (i.e Facebook, Instagram, Snapchat, TikTok, Twitter, 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

10.  I acknowledge and agree that by clicking “Submit” will act as my electronic signature to this Sexual Misconduct Allegation Form, as well as my affirmation that the above allegation(s) is true to the best of my knowledge, information and belief.

Complainant Signature: \_\_\_\_\_

Date: \_\_\_\_\_