

## Complaint Intake Form

**Complaint Intake Date:** \_\_\_\_\_

**Intake Form Prepared By:** \_\_\_\_\_  
(PRINT NAME)

**Intake Office:**    ☐ CDO    ☐ OSA    ☐ OAA    ☐ HR    ☐ Public Safety    ☐ Student Life/Services  
                          ☐ Legal Counsel    ☐ Department Chair    ☐ Faculty/Staff    ☐ Other: \_\_\_\_\_

**Received Via:**    ☐ Walk-In    ☐ Call-In    ☐ Email    ☐ Fax    ☐ Regular Mail    ☐ Inter-Office Mail

**Complainant Name:** \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Respondent Name:** \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Witnesses:**    Name: \_\_\_\_\_  
                          Name: \_\_\_\_\_  
                          Name: \_\_\_\_\_

Witness Contact Info: \_\_\_\_\_  
 Witness Contact Info: \_\_\_\_\_  
 Witness Contact Info: \_\_\_\_\_

**Reported By:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Synopsis:**

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**Allegation(s):**

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|--|--|---|
| <input type="checkbox"/> Accommodation Request       | <input type="checkbox"/> False Report                        | <input type="checkbox"/> Retaliation            |
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Gender/Pregnancy                    | <input type="checkbox"/> Sex Harass/Assault     |
| <input type="checkbox"/> Alienage/Citizenship Status | <input type="checkbox"/> Inquiry/Technical Assistance        | <input type="checkbox"/> Sexual Orientation     |
| <input type="checkbox"/> Arrest/Prior Conviction     | <input type="checkbox"/> Marital/Partnership Status          | <input type="checkbox"/> Status as Victim DV/ST |
| <input type="checkbox"/> Disability                  | <input type="checkbox"/> Military Status                     | <input type="checkbox"/> Student v. Student DV  |
| <input type="checkbox"/> Ethnicity/National-Origin   | <input type="checkbox"/> Predisposing Genetic Characteristic | <input type="checkbox"/> Tampering              |
| <input type="checkbox"/> Caregiver Status            | <input type="checkbox"/> Race/Color                          | <input type="checkbox"/> Unemployment Status    |
| <input type="checkbox"/> Failure to Report           | <input type="checkbox"/> Religion/Creed                      | <input type="checkbox"/> Union Grievance        |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Consumer Credit History             | <input type="checkbox"/> Work Place Violence    |

☐ Jurisdictional

☐ Non-Jurisdictional

☐ Flesh Out

## ACTION TO BE TAKEN

☐ Referred To: (Circle What Applies)

CDO	HR	Legal Counsel	OSA	OAA	Public Safety	Counseling
Central CUNY	Supervisor/Manager			Department Chair	Other: _____	

☐ Close Out/No Further Action Required[illegible]