

DUTCHESS

COMMUNITY COLLEGE

CHARGE OF SEXUAL HARASSMENT

This form is to be used to file a charge of Sexual Harassment

1. Your Name: _____ Contact #: _____

Faculty / Staff / Student Status : _____ Email : _____

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

2. (a) Have you filed this charge with a Federal, State, or Local Government Agency?

No Yes When? _____/_____/_____
Month Day Year

(b) Have you initiated a suit or court action on this charge?

No Yes When? _____/_____/_____
Month Day Year

3. The date that the alleged harassment took place _____/_____/_____
Month Day Year

Is the alleged harassment continuing? _____

(Please continued on the back)

