



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION**  
**New York District Office**

33 Whitehall Street, 4<sup>th</sup> Floor  
New York, New York 10004  
Intake Information Group: (800) 669-4000  
Intake Information Group TTY: (800) 669-6820  
New York Direct Dial: (929) 506-5270  
FAX (212) 336-3625  
Website: [www.eeoc.gov](http://www.eeoc.gov)

If you are or were employed in the United States by Columbia University between October 7, 2023 and July 23, 2025 and believe you were subject to discrimination, including harassment, and/or retaliation based on your religion, race, and/or national origin (practicing Judaism, Jewish, and/or Israeli) during your employment, you may be eligible to receive money from the U.S. Equal Employment Opportunity's ("EEOC") Settlement Fund. The EEOC will review the information you submit in this Claim Form to determine if you were a victim of discrimination, harassment and/or retaliation in violation of Title VII of the Civil Rights Act of 1964, as amended ("Title VII") during your employment with Columbia University.

You must complete and return this Claim Form to the Claims Administrator by **June 2, 2026** if you want to be included in the Settlement. The EEOC will use this information to determine whether you are an Eligible Claimant, and if so, how much money you are entitled to receive. When determining your eligibility, the EEOC may contact you to gather additional information to evaluate your potential claim. Once the EEOC makes a determination, you will be advised as to whether you are eligible and, if you are, what additional steps will be required to obtain any potential award for money. Please keep the EEOC informed about any changes in your contact information. If the EEOC is unable to reach you, it may affect your ability to recover any money you are deemed eligible to receive.

**BACKGROUND INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

1. Provide the start and end date of your employment with Columbia University.

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_, if applicable.

2. Select all Columbia University locations where you worked:

- ☐ Main Campus  
☐ Morningside  
☐ Manhattanville  
☐ Nevis Laboratories  
☐ Baker Athletics Complex  
☐ Columbia University Irving Medical Campus  
☐ Lamont-Doherty Earth Observatory (Palisades, NY)  
☐ Other \_\_\_\_\_

3. From October 7, 2023 to present, provide the following for each Columbia University job title you held, starting with the most recent position.

Position Title & Department	Dates Employed in Position	Indicate if you are/were Staff, Faculty, or Student Worker	Name and Title of Direct Supervisor

**DISCRIMINATION:**

4. At any time on or after October 7, 2023, did you personally experience any discrimination, including harassment, based on religion, race, and/or national origin while you were employed by Columbia University, either (a) within the workplace, such as your assigned worksite, on Columbia's campus, or another location where you were assigned to perform your job duties; (b) at a work-related event (e.g., conference or work-related social activities), or (c) in any other manner, including through electronic communications, that impacted your working conditions (e.g., harassment by coworkers, supervisors, or other members of Columbia's community on social media or other virtual locations, including email)?

- ☐ Yes  
☐ No (Please skip to Question 9.)  
☐ Unsure/Maybe

5. Did you experience this discriminatory conduct because of your Jewish religion, Jewish ancestry, Jewish heritage, or Jewish ethnicity, Israeli national origin, or association with someone who is Jewish and/or Israeli?

- ☐ Yes  
☐ No (Please skip to Question 9.)  
☐ Unsure/Maybe

6. Please select the options below that that best describe the discriminatory conduct you experienced during your employment at Columbia University. Check all that apply.
- ☐ Unwelcome comment, jokes, or discussions.
  - ☐ Pressure to abandon, change, or adopt a religious practice or belief.
  - ☐ Unwelcome discussions challenging or questioning the correctness of your religious practices or beliefs.
  - ☐ Harassment, intimidation, aggressive actions, or other unwelcome behaviors.
  - ☐ Unwelcomed physical contact or intimidation.
  - ☐ Graffiti or signs which depict Antisemitic messages or images, such as swastikas.
  - ☐ Antisemitic communications including comments, emails, texts, social media posts, etc. by staff, employees, students, colleagues, or anyone you interacted with because of your employment at Columbia University.
  - ☐ Antisemitic or anti-Israeli protests, gatherings, or demonstrations that limited or obstructed access to your regular working environment.
  - ☐ Antisemitic or anti-Israeli protests, gatherings, or demonstrations that made you feel threatened, harassed, or were otherwise disruptive to your working environment.
  - ☐ Other, briefly describe: \_\_\_\_\_
7. Were any of the discriminatory actions you experienced by (please check all that apply):
- ☐ A manager or supervisor
  - ☐ A non-management/non-supervisory employee
  - ☐ Both a manager/supervisor and a non-management/non-supervisory employee
  - ☐ A student
  - ☐ Other, describe: \_\_\_\_\_
8. If you marked any of the options in Question 6, for each incident, describe what type of unwanted or unwelcome conduct you experienced and, if you know, the frequency of the incidents, dates you can recall, and the identity of the alleged harasser(s) and their job title(s). If you experienced more than three separate incidents, please provide the same information for the additional incidents on Attachment B.

**Incident #1:**

Description of the behavior:

---

---

---

Frequency of the behavior:

---

---

---

Dates:

---

---

---

Full name and job title of the alleged harasser(s):

---

---

---

Any additional information you wish to provide about this incident:

---

---

---

**Incident #2:**

Description of the behavior:

---

---

---

Frequency of the behavior:

---

---

---

Dates:

---

---

---

Full name and job title of the alleged harasser(s):

---

---

---

Any additional information you wish to provide about this incident:

---

---

---

**Incident #3:**

Description of the behavior:

---

---

---

Frequency of the behavior:

---

---

---

Dates:

---

---

---

Full name and job title of the alleged harasser(s):

---

---

---

Any additional information you wish to provide about this incident:

---

---

---

**DISCRIMINATION COMPLAINTS:**

*You are advised that complaining to Columbia about any of the discrimination referred to in the preceding questions is **not** required in order to be considered an Eligible Claimant or receive compensation from the Settlement Fund.*

9. While you were employed at Columbia University, did you object or complain to anyone at Columbia University about any discrimination, including harassment, that was based on your or someone else's Jewish religion, Jewish ancestry, Jewish heritage, or Jewish ethnicity, Israeli national origin, or association with someone who is Jewish and/or Israeli?

☐ Yes

☐ No (Please skip to Question 16.)

10. How did you report the conduct? Check all that apply:

☐ In-Person

☐ Phone

☐ Email

☐ Text

☐ Employee Complaint Hotline

☐ Columbia's Public Safety Department

☐ Columbia's Office of Institutional Equity ("OIE") Office

☐ Columbia's Board of Trustees

☐ New York Police Department

11. For each complaint or objection you made, please provide the below-mentioned information. If you objected to or complained of the discriminatory or retaliatory conduct on more than three occasions, please include that information in Attachment B.

**Complaint #1:**

Date(s) of Complaint: \_\_\_\_\_

Conduct/incidents you complained about:

---

---

---

How you made the complaint, i.e., verbally, in writing, email, etc.:

---

---

---

Full name and job title of individuals you complained to:

---

---

---

Response to complaint, if any:

---

---

---

**Complaint #2**

Date(s) of Complaint: \_\_\_\_\_

Conduct/incidents you complained about:

---

---

---

How you made the complaint, i.e., verbally, in writing, email, etc.:

---

---

---

Full name and job title of individuals you complained to:

---

---

---

Response to complaint, if any:

---

---

---

**Complaint #3:**

Date(s) of Complaint: \_\_\_\_\_

Conduct/incidents you complained about:

---

---

---

How you made the complaint, i.e., verbally, in writing, email, etc.:

---

---

---

Full name and job title of individuals you complained to:

---

---

---

Response to complaint, if any:

---

---

---

12. Was the person you complained to a supervisor or manager?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Did the objectionable or offensive behavior change after you complained?

- ☐ Yes, the behavior stopped.
- ☐ No, there was no difference in behavior.
- ☐ The behavior improved for a period of time but then returned.
- ☐ The behavior worsened (for example, became more frequent or more offensive).
- ☐ Other: \_\_\_\_\_

14. What actions were taken by Columbia University as a result of your objection and/or complaint? Select all that apply.

- ☐ My complaint was addressed to my satisfaction.
- ☐ The rules on discrimination and/or harassment were explained to everyone.
- ☐ Someone talked to the offender(s) to ask them to change their behavior.
- ☐ The offender was moved or reassigned to limit contact with me.
- ☐ My workstation, schedule, duties were changed to limit contact with the offenders.
- ☐ The offenders were terminated.
- ☐ I do not know what happened.
- ☐ The person I told took no action.
- ☐ The offender took action against me for complaining (for example: they threatened you).
- ☐ I was encouraged to drop the issue.
- ☐ I was penalized for bringing it up (for example: loss of privileges, denied opportunities/training, assigned less favorable job/project, excluded from meetings or social activities, more closely scrutinized, moved or reassigned, disciplined).
- ☐ Other, describe: \_\_\_\_\_

15. Is there anything else you would like to share about what happened to you during your employment with Columbia following your objection and/or complaint(s), describe in the space below.

---

---

---

16. If you did not object or complain, why not? Check all that apply:

- ☐ Did not think it was serious enough
- ☐ Other actions resolved the situation satisfactorily
- ☐ Thought it would make my work situation unpleasant
- ☐ Did not think anything would be done
- ☐ Did not think the situation would be kept confidential
- ☐ Did not want to hurt the person who had bothered me
- ☐ Thought it would adversely affect my career
- ☐ Was too embarrassed
- ☐ Thought I would be blamed
- ☐ Did not think I would be believed
- ☐ Supervisor was not supportive
- ☐ Did not know what actions to take or how to take them
- ☐ Would take too much time or effort

- ☐ Someone else complained about the same issue
  - ☐ Feared retaliation
  - ☐ Did not experience or know of any discrimination as described in Question 9 (Please skip to Question 30.)
  - ☐ Not applicable
  - ☐ Other: \_\_\_\_\_
- 

### **RETALIATION:**

Examples of retaliation may include unfair write-ups, unfair scrutiny, unfair discipline, demotions, denied employment opportunities, termination, feeling forced to resign and/or other actions that would dissuade you or others from complaining about the discrimination.

17. If you answered Yes to Question 9, do you believe you were retaliated against because of your objection or complaint?

- ☐ Yes
- ☐ No (Please skip to Question 19.)
- ☐ Unsure/Maybe

18. Describe the retaliation you experienced and why you believe it was related to the discrimination you objected to or complained of. If you would like to include additional information, please include it in Attachment B.

---



---



---

### **DAMAGES:**

19. Are you still employed by Columbia University?

- ☐ Yes (Please skip to Question 25.)
- ☐ No

20. If you are no longer employed by Columbia University, select the reason for the end of your employment.

- ☐ Voluntary resignation
  - ☐ Mutual agreement
  - ☐ Forced resignation
  - ☐ Involuntary termination
  - ☐ Reduction in force/lack of funding
  - ☐ End of contract/assignment
  - ☐ Other, describe: \_\_\_\_\_
- 

21. Do you believe that the end of your employment was related to your Jewish faith, Jewish ancestry, Jewish heritage, or Jewish ethnicity, and/or Israeli national origin?

- ☐ Yes
- ☐ No (Please skip to Question 23.)
- ☐ Unsure/Maybe

22. Please describe why you believe this:

---



---



---



23. Do you believe that the end of your employment was related to your objections and/or complaints of discrimination, including harassment?

- ☐ Yes
- ☐ No (Please skip to Question 25.)
- ☐ Unsure/Maybe

24. Please describe why you believe this:

---

---

---

25. As a result of the discrimination and/or retaliation you experienced, did you experience any mental or physical harm, such as anger, embarrassment, sadness, stress, confusion, anxiety, depression, loss of self-esteem, difficulty sleeping, physical ailments, etc.?

- ☐ Yes
- ☐ No (Please skip to Question 28.)

26. Please describe what mental or physical harm you experienced and how it affected you. If you would like to include additional information, please include it in Attachment B.

---

---

---

---

27. Did you seek help from a health care professional due to the discrimination and/or retaliation you experienced at Columbia. If so, please describe.

---

---

---

28. As a result of discrimination and/or retaliation you experienced, did you lose any pay or employment benefits, such as lost pay or benefits because of a demotion, contract cancelation or non-renewal, termination, or forced leave/resignation.

- ☐ Yes
- ☐ No (Please skip to Question 30.)

29. For each calendar year below, please provide your job title, employer, salary and estimated dollar amount of other employment benefits since October 1, 2023. If you were paid a salary, provide your annual salary. If you were paid hourly, provide your hourly rate and the number of hours you worked per week and how many weeks per year you were paid to work. The EEOC may ask you to provide additional documentation, including additional information about subsequent jobs, pay stubs, and tax forms to show your lost wages and employment benefits. If you need more space to provide the requested information, please include it in Attachment B.

**2023:**

Position #1:

---

---

Position #2:

---

---

Position #3:

---

---

**2024:**

Position #1:

---

Position #2:

---

Position #3:

---

---

**2025:**

Position #1:

---

Position #2:

---

Position #3:

---

---

30. Please provide any other information you wish to share with EEOC:

---

---

---

---

---

---

---

(Please include the Question Number for which you are providing additional information.)

This image shows a full page of blank, lined paper. It features approximately 30 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

[illegible]