

## Academic Freedom and Responsibility Complaint Form.

Please mail this form to:  
Committee on Academic Freedom and Responsibility  
C/O Kevin Frank, Committee Chair  
Baruch College, Department of English  
55 Lexington Avenue  
Box B 7-240  
New York, NY 10010-5585

1. Your name: \_\_\_\_\_

2. Your department: \_\_\_\_\_

3. Contact: Phone # \_\_\_\_\_

Email: \_\_\_\_\_

4. Please indicate the specific area or areas in which your freedom to work has been threatened or otherwise imposed upon by checking the appropriate box or boxes:

- |                     |                          |                |                          |
|---------------------|--------------------------|----------------|--------------------------|
| (a) to freely study | <input type="checkbox"/> | (b) to discuss | <input type="checkbox"/> |
| (c) to investigate  | <input type="checkbox"/> | (d) to teach   | <input type="checkbox"/> |
| (e) to research     | <input type="checkbox"/> | (f) to publish | <input type="checkbox"/> |
| (g) to administer   | <input type="checkbox"/> |                |                          |

5. To the best of your ability, please provide a detailed account of the events that constitute your complaint. Be sure to include descriptions of the relevant events, dates, times and locations of the occurrences that frame your concern.

(Include additional sheets if needed)