



Office for Civil Rights Complaint Assessment System

(/)

Admin Home (/administration)	Logout (/user/logout)
--	--

Office for Civil Rights Discrimination Complaint Form: Submission #735876

[◀ Previous submission \(/admin/structure/webform/manage/office_for_civil_rights_discrimination_complaint_form/374368\)](#)
[Next submission ▶ \(/admin/structure/webform/manage/office_for_civil_rights_discrimination_complaint_form/374368\)](#)



[Download PDF \(/print/pdf/webform_submission/374368?view_mode=html\)](/print/pdf/webform_submission/374368?view_mode=html)

1. Enter information about yourself

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Best Time to Call You: Evening

Primary Phone Number:

Alternative Phone Number: {Empty}

Your Email Address:

2. Who else can we call if we cannot reach you?

Contact's Name: {Empty}

Daytime Phone Number: {Empty}

Relationship to you: {Empty}

3. Who was discriminated against?

Yourself or Someone else Someone else?

If someone other than yourself please include:

Injured Person's Name: (b)(6); (b)(7)(A); (b)(7)(C)

Daytime Phone Number: (b)(6); (b)(7)(A); (b)(7)(C)

Evening Phone Number: (b)(6); (b)(7)(A); (b)(7)(C)

Relationship to You
(eg. son or daughter) (b)(6); (b)(7)(A); (b)(7)(C)

Injured Person's Address: (b)(6); (b)(7)(A); (b)(7)(C)

City: (b)(6); (b)(7)(A); (b)(7)(C)

State: (b)(6); (b)(7)(A); (b)(7)(C)

Zip Code: (b)(6); (b)(7)(A); (b)(7)(C)

4. What institution discriminated?

Institution Name: Lafayette College

Address: {Empty}

City: Easton

State: Pennsylvania

Zip Code: {Empty}

School or department involved: Administration

5. Have you tried to resolve the complaint through the institution's

grievance process, due process hearing, or with another agency?

Have you tried to resolve the complaint? (b)(6); (b)(7)(A); (b)(7)(C)

Agency Name: (b)(6); (b)(7)(A); (b)(7)(C)

Date Filed (MM/DD/YYYY) (b)(6); (b)(7)(A); (b)(7)(C)

If yes, what is the current status of the complaint? (b)(6); (b)(7)(A); (b)(7)(C)

6. Describe the discrimination

OCR enforces regulations that prohibit discrimination on the basis of race, color, national origin; sex; disability; and/or age.

(You may select more than one.)

On what basis were you discriminated against? national origin

In the space provided below please describe each discriminatory action separately. For each action, you need to provide the following information:

10/25/2023 letters post all over campus (b)(6); (b)(7)(A); (b)(7)(C) calling for the death of all Jewish people and the elimination and destruction of the State of Israel. College refuses to identify students involved.

10/27/2023. Members of "Paris for Palestine" standing in student union asking people if they were Jewish and harassing them.

The safety of these students is at risk and the college refuses to identify the students using vial language and direct threats to their safety and existence. Discrimination like this is being allowed with the college making statements like "we don't have a complaint to investigate" or calls for free speech and different opinions. You are allowed to express detain for the policy or the government, but not threaten the safety and lives of Jewish student.

Do you have written information that you think will help us understand your complaint?

yes or no Yes

7. Your complaint must be filed within 180 days of the discriminatory action

The laws that we enforce require that complaints be filed with our office within 180 days of the alleged discriminatory event. If any of the alleged discriminatory actions took place more than 180 days before the postmark or receipt date of this complaint, you may request a waiver of the 180-day limit. When did the last act of discrimination occur?

When did the last act of discrimination occur?

Enter the date: Fri, 10/27/2023 - 00:00

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

yes or no No

Reason for not filing complaint before 180 days: {Empty}

8. What would you like the institution to do as a result of your complaint?

What remedy are you seeking? Identify the students. Remove the threats to make Jewish student feel safe in campus. Make the student involved in the threats undergo sensitive training, and have this punishment placed on their formal transcript.

9. Option to Participate in OCR's Early Mediation Process

I am interested in participating in early mediation: No

[Download PDF \(/print/pdf/webform_submission/374368?view_mode=html\)](/print/pdf/webform_submission/374368?view_mode=html)