



Discrimination/Harassment Complaint Form

Although not required, it is requested that the Complainant print and complete the complaint form to report instances/complaints of discrimination or harassment. The completion of this form will assist in the expediency of the report and its resolution. Completed forms may be taken to the Office of Affirmative Action/Equity and Legal Affairs located in 202 Somsen Hall.

Date: _____

Name of COMPLAINANT: _____

(if more than one complainant, complete intake form for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

Sex: Male Female Other

Status: Student Faculty Staff Administrator External/Non-Campus

TYPE OF COMPLAINT: DISCRIMINATION HARASSMENT RETALIATION

I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:

- | | | |
|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Reliance on Public Assistance |
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | |

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT: _____

(if more than one respondent, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____
Phone: (work) _____ (home) _____
Sex: Male Female Other
Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #2: _____
(if more than one respondent, list complete information for each)
Address (local): _____
Address (residence): _____
City: _____ State: _____ Zip: _____
Phone: (work) _____ (home) _____
Sex: Male Female Other
Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #3: _____
(if more than one respondent, list complete information for each)
Address (local): _____
Address (residence): _____
City: _____ State: _____ Zip: _____
Phone: (work) _____ (home) _____
Sex: Male Female Other
Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #4: _____
(if more than one respondent, list complete information for each)
Address (local): _____
Address (residence): _____
City: _____ State: _____ Zip: _____
Phone: (work) _____ (home) _____

[ATTACH ADDITIONAL PAGES IF NECESSARY]

LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.
ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____

Name of WITNESS #2: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____

Name of WITNESS #3: _____
(if more than one witness, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Phone: (work) _____ (home) _____

What information can this witness provide? _____

LIST DOCUMENTS YOU BELIEVE MAY HELP IN INVESTIGATING YOUR COMPLAINT. PROVIDE THE NAME, DATE AND EXPLANATION OF THE CONTENTS OF EACH DOCUMENT. ADD MORE PAGES IF NECESSARY.

NAME OF DOCUMENT #1: _____

DATE: _____ EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #2: _____

DATE: _____ EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #3: _____

DATE: _____ EXPLANATION OF CONTENTS: _____
