

## **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 COMPLAINA Address (local):	ANT:(if more than on	e complainant, complete intake form for each)		
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:				
□ Race □ Sex	<ul><li>☐ Age</li><li>☐ National Origin</li></ul>	<ul><li>☐ Reliance on Public Assistance</li><li>☐ Sexual Orientation</li></ul>		
□ Color	☐ Disability	☐ Marital Status		
	☐ Religion	☐ Membership/Activity in Local Commission		
	☐ Gender Expression	1 7		
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: St	ate:	_ Zip:		
Phone: (work)	_ (home)			
Sex: ☐ Male ☐ Female ☐ Other				
Status: ☐ Student ☐ Faculty ☐ Staff ☐ A	Administrator	☐ External/Non-Campus		
Name of RESPONDENT #2: (if more than one re				
Address (local):	espondent, list o	complete information for each)		
Address (residence):				
City: St	ate:	_ Zip:		
Phone: (work)	_(home)			
Sex: □ Male □ Female □ Other				
Status: ☐ Student ☐ Faculty ☐ Staff ☐ A		•		
Name of RESPONDENT #3:(if more than one re	enondant list	complete information for each)		
Address (local):				
Address (residence):				
City:St	ate:	_ Zip:		
Phone: (work)	_(home)			
Sex: ☐ Male ☐ Female ☐ Other				
Status: ☐ Student ☐ Faculty ☐ Staff ☐ A	Administrator	☐ External/Non-Campus		
Name of RESPONDENT #4: (if more than one respondent, list complete information for each)				
Address (local):				
Address (residence):				
City: St	ate:	_ Zip:		
Phone: (work)	_(home)			

Sex: $\square$ Male $\square$ Female $\square$ Other
Status: □ Student □ Faculty □ Staff □ Administrator □ External/Non-Campus
EXPLAIN YOUR COMPLAINT IN DETAIL. INCLUDE THE FOLLOWING INFORMATION. ADD ADDITIONAL PAGES IF NECESSARY. ATTACH DOCUMENTS YOU BELIEVE MAY BE HELPFUL IN INVESTIGATING YOUR COMPLAINT.
<ol> <li>Describe the specific incident(s) of discrimination/harassment/retaliation. List times, dates, locations, names and titles of the people involved in the incident(s).</li> <li>Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc.).</li> <li>Provide the names and contact information of any witnesses or others believe should be interviewed as part of this complaint.</li> <li>Attach any documentation or evidence you have regarding your complaint such as emails, social media posts, etc.</li> </ol>
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## [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 (residence):		
City:	State: Zip:	
Phone: (work)	(home)	-
	ness provide?	-
Address (local):	(if more than one witness, list complete information for each)	
Address (residence):		
City:	State: Zip:	
Phone: (work)	(home)	-
	ness provide?	-
Name of WITNESS #3:	(if more than one witness, list complete information for each)	
Address (residence):		
City:	State: Zip:	
Phone: (work)	(home)	-
What information can this wit	ness 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 BOOLDMENT #2	
NAME OF DOCUMEN 1 #3:	EXPLANATION OF CONTENTS:
DATE:	EXPLANATION OF CONTENTS: