DISCRIMINATION/HARASSMENT COMPLAINT FORM

Personal Information
Complainant:
Address:
Email address:
Phone:

Affiliation
☐ Employee: Dept./Title/Supervisor
☐ Student: ☐ Undergraduate /☐ Graduate
☐ Other:

Accused Party/Parties
Name:
Department:
Title:

Basis of the Complaint – check all that apply:
☐ Race                  ☐ Gender                  ☐ Veteran Status
☐ Color                 ☐ Sexual Harassment      ☐ Age
☐ National Origin       ☐ Sexual Orientation      ☐ Disability
☐ Religion              ☐ Gender Identity
Using the space below, describe the specific act(s) alleged with dates, time(s), locations and the names of any witnesses who may have observed the incident and/or experienced similar treatment. Your complaint is not limited to the space provided. You may attach any additional materials, which may assist in the investigation.
What effect has this had on you?

How would you like to see the situation resolved and/or what remedy are you seeking?
I certify that to the best of my knowledge that the information that I have provided is accurate and that the events and circumstances are as I have described them.

Signature:

Date: