

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	

Office of Equity & Diversity

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?

Office of Equity & Diversity

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 the information that I provided is accurate and the events and circumstances are as I have described them.

Signature:

Date: