



If you are concerned for your personal safety, please call 911 before completing this report.

Report of Discrimination, Harassment, and/or Retaliation

This form is available for use by all ETSU students, employees, vendors, applicants for employment or enrollment, and community members. Please complete text boxes on all pages and add any additional text in between pages if necessary.

Your Information/Reporting Party

Name

Address

Email

Phone

Your Relationship to ETSU (click below to check all that apply)

Employee

Department:

Title:

Supervisor:

Student

Undergraduate

Graduate

Other

Do you wish to remain ANONYMOUS for this report? Yes No

If not, how do you prefer to be contacted? Phone Email

How did you hear about us?



List each Person and/or Department against whom the Report is being filed:

[Empty text box for reporting details]

Name(s) Department(s) Title(s)

[Empty text box for reporting details]

Name(s) Department(s) Title(s)

[Empty text box for reporting details]

Name(s) Department(s) Title(s)

Basis of the Reported Discrimination, Harassment and/or Retaliation:

- Checkboxes for: Race, Disability, Age, Gender/Sex, Retaliation, Gender Identity, Genetic Information, Color, National Origin, Relationship Violence, Gender Expression, Sexual Orientation, Veteran Status, Sexual Assault, Religion, Marital/Family Status, Sexual Harassment, Stalking/Intimidation

Please indicate other individuals or departments that have been notified (optional):

- Checkboxes for: Dean of Students, Faculty, Supervisor, Human Resources, Public Safety, Other

Do you wish to discuss interim measures such as a No Contact Order, or a Change in your Residence/Work/Class Assignment?

- Checkboxes for: Yes, No



Using the space below, describe the specific act(s) you wish to report including dates, time(s), locations and name(s) of the party(ies) who committed the acts and any witnesses who may have observed the acts and/or experienced similar treatment. You are not limited to the space provided. You may attach any additional materials to assist in your explanation.



What effect has this had on you?

A large, empty rectangular box intended for the respondent to provide their answer to the question above.



Please describe your requested remedy.

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them. I understand and acknowledge that if an investigation is initiated, a copy of this report will be provided to the responding party (ies) named.

Signature

Date