



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

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Name

Address

--

Email

Phone

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

☐ Employee

Department:

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Title:

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Supervisor:

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☐ Student

☐ Undergraduate

☐ Graduate

☐ Other

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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?

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

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Name(s)	Department(s)	Title(s)
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Name(s)	Department(s)	Title(s)
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Name(s)	Department(s)	Title(s)
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Basis of the Reported Discrimination, Harassment and/or Retaliation:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital/Family Status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Stalking/Intimidation |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Relationship/Dating | | |

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

- ☐ 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?

- ☐ 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?



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