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 COMPLAINANT: ______________________________________________________
(if more than one complainant, complete intake form for each)

Address (local): ______________________________________________________________

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 ☐ Age ☐ Reliance on Public Assistance
☐ Sex ☐ National Origin ☐ Sexual Orientation
☐ Color ☐ Disability ☐ Marital Status
☐ Creed ☐ Religion ☐ Membership/Activity in Local Commission
☐ Gender Identity ☐ Gender Expression

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: ___________________________________ State: _________ Zip: ___________________

Phone: (work) ______________________________ (home) _____________________________

Sex:  □ Male  □ Female  □ Other

Status: □ Student  □ Faculty  □ Staff  □ Administrator  □ External/Non-Campus

Name of RESPONDENT #2: _____________________________________________________
(if more than one respondent, list complete information for each)
Address (local): __________________________________________________________________
Address (residence): __________________________________________________________________
City: ___________________________________ State: _________ Zip: ___________________
Phone: (work) ______________________________ (home) _____________________________
Sex:  □ Male  □ Female  □ Other
Status: □ Student  □ Faculty  □ Staff  □ Administrator  □ External/Non-Campus

Name of RESPONDENT #3: _____________________________________________________
(if more than one respondent, list complete information for each)
Address (local): __________________________________________________________________
Address (residence): __________________________________________________________________
City: ___________________________________ State: _________ Zip: ___________________
Phone: (work) ______________________________ (home) _____________________________
Sex:  □ Male  □ Female  □ Other
Status: □ Student  □ Faculty  □ Staff  □ Administrator  □ External/Non-Campus

Name of RESPONDENT #4: _____________________________________________________
(if more than one respondent, list complete information for each)
Address (local): __________________________________________________________________
Address (residence): __________________________________________________________________
City: ___________________________________ State: _________ Zip: ___________________
Phone: (work) ______________________________ (home) _____________________________
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.

1. Describe the specific incident(s) of discrimination/harassment/retaliation. List times, dates, locations, names and titles of the people involved in the incident(s).
2. Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc.).
3. Provide the names and contact information of any witnesses or others believe should be interviewed as part of this complaint.
4. Attach any documentation or evidence you have regarding your complaint such as emails, social media posts, etc.
LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.
ADD ADDITIONAL PAGES IF NECESSARY.

<table>
<thead>
<tr>
<th>Name of WITNESS #1:</th>
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<tbody>
<tr>
<td>Address (local):</td>
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<td>State: Zip:</td>
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<td>Phone: (work)</td>
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<td>What information can this witness provide?</td>
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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: ______________________________________________________________________________________________
____________________________________________________________________________________________
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____________________________________________________________________________________________
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NAME OF DOCUMENT #2: ____________________________________________________________________
DATE: _________________________ EXPLANATION OF CONTENTS: ______________________________________________________________________________________________
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NAME OF DOCUMENT #3: ____________________________________________________________________
DATE: _________________________ EXPLANATION OF CONTENTS: ______________________________________________________________________________________________
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