



## 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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Age               | <input type="checkbox"/> Reliance on Public Assistance           |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> National Origin   | <input type="checkbox"/> Sexual Orientation                      |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Disability        | <input type="checkbox"/> Marital Status                          |
| <input type="checkbox"/> Creed           | <input type="checkbox"/> Religion          | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> 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) \_\_\_\_\_



[ATTACH ADDITIONAL PAGES IF NECESSARY]

LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.  
ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

Name of WITNESS #2: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

Name of WITNESS #3: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

