



Complaint Form for Discrimination/  
Harassment and/or Sexual Violence Incidents

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  
 Familial Status  Gender Identity  Gender Expression

Type of Complaint:  Discrimination  Harassment  Retaliation  Sexual Harassment

I was discriminated/harassed/retaliated against on the basis of my:

- Race
- Sex
- Color
- Creed
- Age
- National Origin
- Disability
- Religion
- Reliance on public assistance
- Sexual Orientation
- Marital Status
- Membership/Activity in Local Commission

I believe the following person engaged in discriminatory, harassing, retaliatory, and/or sexually violent behavior:

Name of Respondent (#1): \_\_\_\_\_

(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): \_\_\_\_\_

Sex:  Male  Female  Other: \_\_\_\_\_

Status:  Student  Faculty  Staff  Administrator  External/Non-campus

