



Discrimination/Harassment Complaint Form

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

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

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

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

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

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

Status: Student Faculty Staff Administrator External/Non-Campus

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? _____

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: _____

NAME OF DOCUMENT #2: _____

DATE: _____ EXPLANATION OF CONTENTS: _____

NAME OF DOCUMENT #3: _____

DATE: _____ EXPLANATION OF CONTENTS: _____
