



DISCRIMINATION/HARASSMENT COMPLAINT FORM

COMPLAINANT:

Employee Student Other: _____

Please Print

Name (Mr., Mrs., Ms.)

First

Last

Middle

Street Address

City

Zip Code

Telephone Numbers: Home: (____) _____ Work: (____) _____

RESPONDENT(S):

Name(s):

First

Last

Middle

Department

()

Position

Telephone Number

Reason(s) you believe you were discriminated against or harassed (Check all that apply):

- Race Sex Religion National Origin
 Retaliation Age Disability
 Other (Specify) _____

Date discrimination/harassment took place:

Earliest: _____

Latest: _____

Continuing Action

Explain specifically how you believe you were discriminated against or harassed. Please be sure to include names of all persons involved and possible witnesses and describe their involvement or what you believe they may know: (Attach extra sheets if additional space is needed)

What specific action do you want taken on your complaint?

Signature: _____

Date: _____