



ALLEGED DISCRIMINATION OR SEXUAL HARASSMENT COMPLAINT

Please print

NAME: _____ DATE: _____

ADDRESS: _____
Street or P.O. Box City Zip Code

Home Phone Number: () _____

Work Phone Number: () _____

Cell Phone Number: () _____

I WISH TO FILE A COMPLAINT AGAINST (PLEASE INDICATE THE NAME OF THE PERSON, DEPARTMENT, PROGRAM OR ACTIVITY): _____

CAMPUS LOCATION: _____

THIS DISCRIMINATION COMPLAINT IS BASED ON ONE OR MORE OF THE FOLLOWING (PLEASE CHECK ONLY THOSE THAT APPLY):

- | | | |
|-----------------|-----------------------|--------------------------|
| _____ Race | _____ National Origin | _____ Sexual orientation |
| _____ Ethnicity | _____ Age | _____ Physical status |
| _____ Religion | _____ Sex | _____ Mental status |
| _____ Gender | _____ Marital status | _____ Veteran status |

_____ I WISH TO FILE A SEXUAL HARASSMENT COMPLAINT.

Specify how you were sexually harassed or discriminated against by stating the problem as you see it. Please describe the incident(s), the participant(s), the background to the incident(s) and any attempts you have made to solve the problem. Be sure to note relevant dates, times and places. (If additional space is needed, please attach an additional paper.) _____

