REGION 15 DISCRIMINATION COMPLAINT FORM

(For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Ancestry, Disability (including Pregnancy), or Gender Identity or Expression)

Name of the complainant: __________________________________________

Date of the complaint: _____________________________________________

Date of the alleged discrimination/harassment: _________________________

Name or names of the discriminator(s) or harasser(s): ____________________

________________________________________________________________

________________________________________________________________

Location where such discrimination/harassment occurred: ______________

Name(s) of any witness(es) to the discrimination/harassment: ____________

________________________________________________________________

Detailed statement of the circumstances constituting the alleged discrimination or harassment:

________________________________________________________________

________________________________________________________________

________________________________________________________________

Proposed remedy: _________________________________________________

Revised: 22 May 2017