

**EQUAL OPPORTUNITY PROGRAMS & OMBUDSERVICES**

**FORM FOR REPORTS OR COMPLAINTS OF HARASSMENT AND DISCRIMINATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

- I. Did the incident(s) involve:
- |                        |                       |
|------------------------|-----------------------|
| Race _____             | National Origin _____ |
| Creed (Religion) _____ | Age _____             |
| Color _____            | Disability _____      |
| Sex _____              | Other _____           |

(Check all that apply)

- II. Your demographics: (Example: If you checked race or age, what is your race or age?)

Race _____	National Origin _____
Creed (Religion) _____	Age _____
Color _____	Disability _____
Sex _____	Other _____

Name of person you believe harassed or discriminated against you:

\_\_\_\_\_

Describe the incident(s) as clearly as possible, including such things as date, time, place, who, what, when, where:

**STATEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages, documents or other materials as necessary)

List any witnesses who were present or knowledgeable

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I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

I understand that if this investigation reveals that I have knowingly provided false or misleading information, I may be subject to disciplinary action.

\_\_\_\_\_  
Complainant's Signature      Printed Name of Complainant      \_\_\_\_\_  
Date Complaint Completed

\_\_\_\_\_  
Received By      Date Received