



**DISCRIMINATION COMPLAINT FORM**

**(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, veteran status 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 \_\_\_\_\_