

FORMAL DISCRIMINATION AND HARASSMENT COMPLAINT FORM

Name of Complainant _____	
Department _____	Campus _____
Phone Number _____	Email _____
Status of Complainant ☐ Staff ☐ Faculty ☐ Student ☐ Other: _____	
Type of Complaint ☐ Discrimination ☐ Harassment	
Basis of Complaint: ☐ Race ☐ Religion ☐ Color ☐ National Origin ☐ Ancestry ☐ Age ☐ Sex/Gender ☐ Sexual Orientation ☐ Gender Identity and Expression ☐ Disability ☐ Genetic Information ☐ Atypical Hereditary Cellular or Blood Trait ☐ Marital Status ☐ Domestic Partnership Status and Civil Union Status ☐ Veteran Status ☐ Military Service ☐ Retaliation	

Name of Respondent(s) _____	
Department _____	
Status of Respondent(s) ☐ Staff ☐ Faculty ☐ Student ☐ Other: _____	
Relationship of Respondent(s) to Complainant ☐ Coworker ☐ Supervisor ☐ Faculty ☐ Student ☐ Client/Customer ☐ Other: _____	

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.
If additional space is needed, use reverse side of paper or attach additional sheet(s)

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Has anyone witnessed the alleged behavior? ☐ Yes ☐ No

If yes, please list names and contact information:

Did you take any action to stop the alleged behavior? ☐ Yes ☐ No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

I am aware that both formal and informal processes are available to resolve the complaint. I understand that I may have rights to relief under the state and federal laws, and that filing a formal complaint does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I agree to cooperate within reason with any investigation conducted by the university into this matter, and I understand that if I am found to have knowingly misstated any material fact in this complaint, I may be subject to discipline under Section X of the Discrimination and Harassment Complaint Process.

Signed: _____ Dated: ____/____/____

