

DISPOSITION OF COMPLAINT FORM

Date: _____

Date of initial complaint: _____

Name of Complainant (include
whether the Complainant is a
student or employee): _____

Date and place of alleged
incident(s): _____

Name of Respondent (include
whether the Respondent is a
student or employee): _____

Nature of discrimination alleged (check all that apply):

☐	Age	☐	Race/Color
☐	Disability	☐	Sex
☐	Religion/Creed	☐	Sexual Orientation
☐	Marital Status	☐	Socio-economic Background
☐	National Origin/Ethnic Background/Ancestry	☐	

Summary of Investigation: _____

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____