

## Discrimination/Harassment Complaint Form

Name of Complainant: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Department/Institution: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

1. Charge of discrimination based on:

- |   |  |
|---|--|
| <input type="checkbox"/> Race/Color               | <input type="checkbox"/> Sex                             |
| <input type="checkbox"/> Sexual Orientation       | <input type="checkbox"/> Religious Creed                 |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Disability or Medical Condition |
| <input type="checkbox"/> Age                      | <input type="checkbox"/> Other _____                     |

2. Statement of Discrimination/Harassment, please provide the following information (use an attached sheet if necessary):

- a) Date(s), time(s), and location(s) of the incident/incidences that took place.
  
  
  
  
  
  
  
  
  
  
- b) Description of each incident: e.g., was any physical contact made?, what was said and/or done?, etc.
  
  
  
  
  
  
  
  
  
  
- c) Name(s) of anyone present during each incident
  
  
  
  
  
  
  
  
  
  
- d) Anyone with whom you've discussed the incident/incidences

Comments:

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_