



DISCRIMINATION COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, harassment, or retaliation pursuant to the University's Equal Opportunity, Diversity, and Affirmative Action Plan (the "EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee, or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process in accordance with the Equal Opportunity Plan, the Student Code of Conduct and other applicable collective bargaining agreements.

DATE FILED: _____ DATE(S) OF ALLEGED INCIDENT(S): _____

A. NAME: _____
(Please Print)

B. CHECK : Student Employee Other _____
(Please Describe Relationship to the University)

CONTACT INFORMATION

Phone: _____ - _____ - _____ Email: _____

Home Address: _____

C. TYPE OF ALLEGED DISCRIMINATION OR DISCRIMINATORY HARASSMENT:

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Other _____ | |

D. Retaliation

DISCRIMINATION COMPLAINT FORM CONTINUED

E. NAME OF INDIVIDUAL(S) you believe harassed you, discriminated or retaliated against you, or engaged in violence toward you: _____

F. LIST ANY WITNESSES: _____

G. LIST ANY OTHERS WITH KNOWLEDGE OF THE INCIDENT(S): _____

H. DESCRIPTION OF COMPLAINT

Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.

(If additional writing space is needed, please attach additional sheets.)

To the best of my knowledge and belief, the above information is complete, true, accurate and not a “false charge” as defined under the EO Plan; I hereby submit this complaint under the University’s Complaint Investigation and Resolution Procedure.

(Signature of Complainant)

RECEIVED BY: _____ DATE: _____