

**COMPLAINT FORM**

This form is to be used to file a charge of discrimination and/or harassment based on RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL HARASSMENT, SEXUAL VIOLENCE or SEXUAL MISCONDUCT

1. Your Name \_\_\_\_\_ ID# \_\_\_\_\_

2. Preferred Contact # \_\_\_\_\_  
Faculty ( ) Staff ( ) Student ( ) Other ( ) \_\_\_\_\_

\_\_\_\_\_ Department \_\_\_\_\_ Supervisor

**Home Address**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. **Alleged discrimination was based on:** Age ( ) Bullying ( ) Disability ( ) Marital Status ( ) Military/Veteran Status ( ) National Origin ( ) Sexual Harassment/Violence ( ) Race or Color ( ) Religion ( ) Sex ( ) Sexual Harassment/Violence/Misconduct ( ) Other ( )

2. **Alleged discrimination took place on or about:** \_\_\_\_\_  
Month/day/year

Location: \_\_\_\_\_

a. Have you filed this charge with a Federal, State or Local Government? Yes ( ) No ( )

If yes, please indicate agency and date:  
\_\_\_\_\_

b. Have you instituted a suit or court action on this charge? Yes ( ) No ( )

If yes, please indicate:  
\_\_\_\_\_

3. **Is the alleged discrimination still continuing?** Yes ( ) No ( )

4. **Respondent (Accused)** \_\_\_\_\_  
(add additional page if multiple Respondents)

5. **Witness names and contact information (if any)** \_\_\_\_\_

6. **Please state the type of action that you would like to see end the situation.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Describe briefly the act which occurred and the reason for concluding that it was discriminatory (use extra sheet if necessary)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information, belief and this is not a frivolous or malicious complaint.**

Date \_\_\_\_\_  
(Sign your name)