

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)