



DISCRIMINATION COMPLAINT FORM
CONFIDENTIAL

COMPLAINANT:

Name: Last First Middle

Address: Home Phone: Work Phone:

Student Classified Professional Faculty Other

NATURE OF COMPLAINT: Discrimination (Check any that apply)

Age Color Disability National Origin Race
Religion Sex Sexual Harassment Sexual Orientation
Other

PERSON WHO DISCRIMINATED AGAINST YOU:

Name: Title:

Department:

WITNESSES: Provide names, titles & telephone numbers.

Name: Title: Phone #:

Name: Title: Phone #:

Name: Title: Phone #:

I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE: Give date, time, place, etc. (Additional pages may be added if necessary)

[Blank lines for explanation]

DOCUMENTATION: Please explain your documentation of charges which support your complaint.

[Blank lines for documentation]

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Complainant

Date

(DO NOT WRITE BELOW THIS LINE)

REFERRAL:

DISPOSITION: