

Please complete the following as fully as possible. If you need assistance, contact the Affirmative Action Coordinator.

Date of Complaint: _____

Name of Complainant: _____

Position and Building of Complainant: _____

Home Address: _____

Home Telephone: _____

Name and Position of Alleged Perpetrator: _____

Discrimination Alleged:

___ Race	___ Color	___ Age
___ Sex	___ National Origin	___ Sexual Orientation
___ Gender	___ Gender Identity	___ Religion
___ Creed	___ Disability	___ Genetic Information
___ Familial Status	___ Marital Status	___ Physical Attribute
___ Physical/Mental Ability	___ Political Belief	___ Political Party Preference
___ Socio-economic Background	___ Other <i>(Please specify)</i>	

Statement of Discrimination: *(Include dates, places and persons involved in incidents, if known. List witnesses, their positions, addresses, and telephone numbers. Attach any pertinent written documents. Describe any actions you took in response to the incidents.)*

I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: _____

Name Printed: _____

Date: _____