# Discrimination/Harassment Complaint Processing Form

**Instructions:** To be completed by the complainant and filed with the Office of Equity, Inclusion and Compliance

<table>
<thead>
<tr>
<th>Name: (Last name first)</th>
<th>Job Title:</th>
<th>Z#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Telephone (W):</td>
<td>Telephone (H):</td>
<td>Telephone (C):</td>
</tr>
<tr>
<td>Home Address:</td>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Status:</td>
<td>□ SP □ AMP □ Applicant □ Faculty □ Temporary □ Student □ Other</td>
<td></td>
</tr>
</tbody>
</table>

**Complainant’s Demographics:**


**Name & Title of Person(s) you believe discriminated against you (Name, Title, Contact Info)**

**Date(s) of Discriminatory Action:**

**Basis of Discrimination:**

| □ Age | □ Disability | □ Veteran Status |
| □ Race | □ Retaliation | □ Marital Status |
| □ Religion | □ Sexual Orientation | □ Sex |
| □ Sexual Harassment | □ Sexual Violence | □ Other |

**Explain why you feel you have been discriminated against:**

**Attach additional sheet(s) if necessary**

**Student Information (if complainant is a student, please complete the following):**

<table>
<thead>
<tr>
<th>Degree program:</th>
<th>Major:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation date:</td>
<td>College:</td>
</tr>
</tbody>
</table>
The facts and circumstances surrounding the alleged discrimination/harassment are as follows: (Be specific. Include dates, times and places. Attach additional sheet(s) if necessary)

Date: _______________    Time: __________ (a.m.) (p.m.) Place: ____________________________

Explanation of Situation: ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Individual(s) who witnessed or have knowledge of this situation: (List name, title, relationship, and contact information).
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Have you discussed the problem with your immediate supervisor, departmental chairperson, or instructor?

☐ Yes  ☐ No  ☐ Other  ____________________________

If yes, please provide the date(s), name(s) and relationship of the individual(s) involved in the discussion and the result/response:

Date: ________________  Time: __________  Location: ____________________________

Name: ______________________  Title/Relationship: ____________________________

Result/Response:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

How have you been harmed?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe the action you desire to rectify the alleged discrimination/harassment:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I certify that the foregoing statements are true and correct to the best of my knowledge. My signature below acknowledges that I have read this document and attest to its content.

Name (Please Print)  Signature  Date

EIC Office Use Only:

File #

Received by:  
Name: ______________________  Signature: ______________________  Date: __________

(EIC Representative)  Form revised 7/21/2015