# 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>
<tr>
<td>Name &amp; Title of Person(s) you believe discriminated against you (Name, Title, Contact Info)</td>
<td>Date(s) of Discriminatory Action:</td>
<td></td>
</tr>
<tr>
<td>Basis of Discrimination:</td>
<td>□ Age □ Disability □ Veteran Status □ Race □ Retaliation □ Marital Status □ Religion □ Sexual Orientation □ Sex □ Sexual Harassment □ Sexual Violence □ Other</td>
<td></td>
</tr>
<tr>
<td>Explain why you feel you have been discriminated against:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional sheet(s) if necessary

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

- Degree program: ____________________________________
- Major: ____________________________________
- Graduation date: ____________________
- College: ____________________________________
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:

Received by: ____________________  Signature: ____________________  Date: __________

(EIC Representative)    ____________________  Form revised 3/25/2015