# Discrimination/Harassment Complaint Processing Form

**Instructions:** To be completed by the complainant and filed with the Office of Equal Opportunity Programs

<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):**

- **Degree program:** ________________________________
- **Major:** _______________________________________
- **Graduation date:** ________________________________
- **College:** _______________________________________

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*Florida Atlantic University*

777 Glades Road
ADM 265
Boca Raton, Florida 33431

**Equal Opportunity Programs**

Telephone: (561) 297-3004
Fax: (561) 297-2402
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: __________

EOP Office Use Only:

Received by: __________________ Name: __________________ Signature: ____________________________ Date: __________

(EOP Representative)