

Formal Discrimination/Harassment Complaint Form



COMPLAINANT INFORMATION

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Student Employee Other (Specify) _____

Place of Work/School _____ Title/Grade _____

INCIDENT INFORMATION

Name of Alleged Perpetrator _____ Title _____

When did the alleged incident(s) occur? _____

Where did the alleged incident(s) occur? _____

WITNESS INFORMATION

List any witness(es) who may have seen or who may know something about the alleged harassment/discrimination:

Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made? Yes No

If so, who? _____

