

DISCRIMINATION / HARASSMENT COMPLAINT FORM

Date: _____

Complainant: _____

Address: _____

Email address: _____

Phone: (home) _____ (work) _____

Name(s) of person(s) accused of wrongdoing: _____

Alleged Discrimination / Harassment Factors:

- Race National Origin
- Color Disability
- Religion Age
- Sex Veteran Status
- Sexual Orientation/Gender Identity

Describe all actions of person(s) named above. Be as detailed as possible; include the date, time and place of each event(s) or conduct involved. Attach additional pages, if needed.

What effect has this had on you? _____

Names of witnesses to the above-described events. Include phone number(s), if known.

Names of anyone with whom you discussed the above-described events. Include phone number, if known.

How would you like this matter resolved? _____

Complainant Signature: _____