



EQUITY COMPLAINT

This form is to be completed by the complainant and filed with the equity officer.

This form supports Policy 1.01 and Implementing Procedure Discrimination, Harassment and Sexual Harassment for Employees and Students. The purpose of this form is to file a discrimination, harassment or sexual harassment complaint.

Name: _____	
Last	First
Middle (complete)	
Job Title: _____	
Department: _____	
Telephone: _____	
Work	Home
Cell	
Status:	<input type="checkbox"/> Administration <input type="checkbox"/> Job Applicant <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
Type of Complaint:	<input type="checkbox"/> Formal <input type="checkbox"/> Informal
Dates of alleged discrimination:	Basis of allegations:
	<input type="checkbox"/> Age
	<input type="checkbox"/> Color
	<input type="checkbox"/> Disability Status
	<input type="checkbox"/> Ethnicity
	<input type="checkbox"/> Gender
	<input type="checkbox"/> Gender Identity
	<input type="checkbox"/> Genetic Information
	<input type="checkbox"/> Marital Status
	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Pregnancy
	<input type="checkbox"/> Race
	<input type="checkbox"/> Religion
	<input type="checkbox"/> Retaliation
	<input type="checkbox"/> Sexual Orientation
	<input type="checkbox"/> Veteran Status
	<input type="checkbox"/> Other (list in box below):

Name and Title of person(s) you believe discriminated against you: (Please provide name, title and contact)
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In the space below, please describe in detail the facts surrounding the alleged incident(s) of discrimination.
Use additional paper if necessary.

Additional sheets? Yes No

What has been your response to the alleged harassment/discrimination?

Please provide names of witnesses. (Please provide name, title and contact)

Have you filed a previous grievance on the issues presented in this complaint?

Yes No

If Yes, Date?

Date Filed: _____

Complainant's Signature _____

Date Received: _____

Investigating Officer's Signature: _____