



REPORTS OR COMPLAINTS OF DISCRIMINATION /HARASSMENT

COMPLAINANT: _____

CONTACT PHONE NUMBER:

Date of alleged incident(s): _____

Did the incident involve: (Check all that apply)

- Sexual Harassment or Discrimination
- Racial/Color Harassment or Discrimination
- Harassment or
- Gender Harassment or Discrimination
- Citizenship Harassment or Discrimination
- Discrimination
- Disability Harassment or Discrimination

- Religious Harassment or Discrimination
- Ethnic Background/National Origin
- Discrimination
- Age Harassment or Discrimination
- Sexual Orientation Harassment or
- Discrimination
- Veteran's Status Harassment or Discrimination

Name of person(s) you believe harassed or discriminated against you or another:

If the alleged harassment or discrimination was towards another person, identify that other person(s):

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any, physical contact was involved. Attach additional pages, as necessary.

When and where did the incident(s) occur?

List any witnesses who were present:

This complaint is based upon my honest belief that _____ has harassed me or discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date

If received by any party other than in the Civil Rights and Accommodations Office, a copy must be sent to the Chief Civil Rights Officer within 24 hours.

CR. 0040