Affirmative Action Discrimination Complaint Form

This form is required to initiate an investigation.

Date: ____/____/_____

A. Name: _____ Telephone: ___/___/____

Address: _____
Street City Zip Code

Student_____ Faculty_____ Staff_____

Department/Division: _____

B. Type of alleged discrimination:

1. Race/Color
2. National Origin
3. Sexual Harassment
4. Religion
5. Disability
6. Age
7. Gender
8. Other

C. Date(s) of alleged Discriminatory Act(s)_____

Alleged discriminator_____

NATURE OF COMPLAINT AND RELIEF DESIRED: (Include all events, places, and persons that you feel are involved with this complaint. (Use additional pages if necessary, or the back of this form)

_____
_____
_____
_____

D. Individuals who witnessed the incident, or may have been involved:_____
_____

E. Have you filed a complaint/grievance with any other agency? Yes No

If yes, with whom: _____

The above information is complete and accurate to the best of my knowledge and belief, and I hereby elect to use the procedures outlined in the Discrimination Complaint Procedures.

I (do) (do not) authorize the use of my name in the investigation and resolution of this claim/complaint; and the disclosure of this document to appropriate administrators, and to all persons named above, including their representatives.

Signature of Complainant: _____Date: _____

THIS FORM SHOULD BE FILED WITH THE AFFIRMATIVE ACTION OFFICER.