

# 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? \_\_\_\_\_

