

Discrimination/Harassment Complaint Form
Youngstown State University
Office of Equal Opportunity and Policy Compliance
Tod Hall-Room 315 ● Telephone: 330-941-2340/2216 ● Fax 330-941-2394

Name _____ Telephone No. _____

Street Address _____

City, State, Zip _____

Type of Alleged Discrimination/Harassment:

Race _____ Religion _____ Age _____ National/Ethnic Origin _____ Color _____

Disability _____ Sex _____ Sexual Orientation _____ Veteran's Status _____

Other (Please specify) _____

Brief Summary of Complaint: _____

Who do you allege discriminated against or harassed you (provide all information known to you)?

Name _____ Department/Office _____

Telephone No. _____

Street Address _____

City, State, Zip _____

What action, if any, has been taken to date?

Do you have any suggested actions to be taken?

Have you filed a complaint with any other Department or Agency? _____

If yes, with whom? _____

Signature

Date

If you need addition space please use the back of this form or additional sheets.