

DISCRIMINATION COMPLAINT PROCESSING FORM

INSTRUCTIONS: To be completed by the complainant and filed with the Office of Equal Opportunity Programs					
Name: (Last Name first)			Job Title:		Panther ID:
Division:		Department:			
Telephone (W):		Telephone (H):		Telephone (M):	
Home Address:			Email Address:		
Status: <input type="checkbox"/> Administrative <input type="checkbox"/> Applicant <input type="checkbox"/> Faculty <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Staff					
Complainant's Demographics: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White					
Name & Title of Person(s) you believe discriminated against you (Name, Title, Contact:			Date(s) of Discriminatory Action:		
			Basis of Discrimination: <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Marital Status <input type="checkbox"/> Race <input type="checkbox"/> Retaliation <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other		
Explain why you feel you have been discriminated against: (COMPLAINANT HAS THE BURDEN OF PROVING THEIR CHARGE OF DISCRIMINATION)					
Additional Sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you filed a federal complaint with the following agencies within the last 2 years: OCR: <input type="checkbox"/> Yes <input type="checkbox"/> No FHRC <input type="checkbox"/> Yes <input type="checkbox"/> No EEOC: <input type="checkbox"/> Yes <input type="checkbox"/> No OFCCP <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you filed a previous grievance on the issues presented in this complaint: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date:		
Complainant's Signature:			Date Filed:		
EEO/AA Officer's Signature:			Date Received:		
Director EOP's Signature:			Date Completed:		
Data Base Entry: <input type="checkbox"/> Yes			Closing: <input type="checkbox"/> Yes	Date:	