



COMPLAINT of DISCRIMINATION

This form is to be used by students and employees to file a complaint of discrimination based on: RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, VETERAN'S STATUS, AGE, DISABILITY, MARITAL OR PARENTAL STATUS OR SEXUAL HARASSMENT.

PLEASE PRINT OR TYPE:

RECEIVED BY _____ DATE _____

1. YOUR NAME _____ PHONE (CELL) No. _____

STATUS (FACULTY, STAFF, STUDENT) _____

HOME ADDRESS _____

City _____ State _____ Zip Code _____

2. ALLEGED DISCRIMINATION IS BASED ON (PLEASE CHECK ALL THAT APPLY):

- RACE OR COLOR RELIGION NATIONAL ORIGIN SEXUAL ORIENTATION VETERAN'S STATUS
 SEX/GENDER AGE DISABILITY MARITAL/PARENTAL STATUS OTHER: _____

3. ALLEGED DISCRIMINATION TOOK PLACE ON OR ABOUT: MONTH _____ DAY _____ YEAR _____

CHECK IF ALLEGED DISCRIMINATION IS CONTINUING YES NO

4. HAVE YOU FILED THIS CHARGE WITH A FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY?

- YES NO

IF YES, WITH WHICH AGENCY? _____ WHEN? _____

5. DESCRIBE BRIEFLY THE ACT WHICH OCCURRED AND YOUR REASON FOR CONCLUDING THAT IT WAS DISCRIMINATORY (ATTACH EXTRA SHEETS IF NECESSARY).

6. I ALLEGE THAT THE FOLLOWING INDIVIDUAL(S) ENGAGED IN DISCRIMINATORY ACTIONS AGAINST ME:

	NAME	COLLEGE STATUS (FACULTY, STAFF, STUDENT)	DEPARTMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By my signature below, I acknowledge that the contents of this complaint are true to the best of my knowledge.

Signature of Complaint

Date