



INDIANA UNIVERSITY NORTHWEST

OFFICE OF EQUAL OPPORTUNITY AND
AFFIRMATIVE ACTION PROGRAMS

Complaint Form

Your information:

Date submitted: _____

Name: _____ Address: _____

Preferred phone: _____ Preferred email: _____

Student: Undergraduate Graduate Academic Program _____

Employee: Faculty Staff Department _____

Your complaint:

Date incident(s) occurred: _____

Protected basis: (**Circle all that apply.**) Or, Check all that apply

Age	Religion	Color	Marital Status	Gender Expression
Sex	National Origin	Disability	Sexual Orientation	Genetic Information
Race	Ethnicity	Gender (Identity)	Veteran's Status	

**In what educational program(s) or employee practice(s) did
discrimination/harassment occur?**

Allegation against:

Name: _____ Title: _____

Department: _____

Was assistance sought from other IU official(s)?

If Yes, from whom? _____

Witnesses:**Circle One** (or, select from the drop down box)

1) Name(s): _____ Student/Faculty/ Staff/Other

Contact Info: _____

2) Name(s): _____ Student/Faculty/ Staff/Other

Contact Info: _____

3) Name(s): _____ Student/Faculty/ Staff/Other

Contact Info: _____

Please provide a detailed explanation of what happened.

(You may attach additional pages.)

What outcome are you seeking?

Indiana University Policy on Non-Discrimination/Equal Opportunity/Affirmative Action (UA-01)<https://policies.iu.edu/policies/ua-01-equal-opportunity-affirmative-action/index.html>

To be completed by the Office of Equal Opportunity and Affirmative Action Programs:

Date complaint was received by EOAA Programs: _____

Service provided: (**Circle all that apply.**) Or, Check all that apply

Information Only Referral Consultation Suggested Training

Formal Procedures Informal Procedures Written Response Mediation

Other: _____

Investigator: _____ Date: _____