

Harassment and Discrimination Complaint Form

Name: _____

Preferred Contact Method: _____

Report Type:

<input type="checkbox"/> Age	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Religion	<input type="checkbox"/> Race	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Disability	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Hate Incident
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Intimate Partner Violence
<input type="checkbox"/> Gender Express	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Other (Describe)

Person(s) Accused: _____

Date and Time of Incident: _____

Please provide the date and time or dates of the incident. If unsure, please describe the time period or general description.

Location Information: _____

Where did the incident occur?

Please provide the name(s) of individuals and/or department involved in the situation.

Witness(es): _____

Please provide the name(s) (if known) and/or a description of any witness to the incident.

Please provide the name(s) of other individual(s) who may have been subject to the same or similar harassment.

Description of Concern: _____

Please provide a brief description of the issue of concern, with as much detail as possible.

Effect(s) of Incident(s): _____

Please describe the effect(s) of the incident(s) on your ability to perform your job duties.

If any, what steps were taken to stop harassment? _____

Other Relevant Information: _____

Please provide any other information which you believe to be relevant to this complaint.

Please attach any relevant documents.