

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT: _____
(If more than one respondent, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Sex: Male Female Phone: [work] _____
[home] _____

Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #2: _____
(If more than one respondent, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Sex: Male Female Phone: [work] _____
[home] _____

Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #3: _____
(If more than one respondent, list complete information for each)

Address (local): _____

Address (residence): _____

City: _____ State: _____ Zip: _____

Sex: Male Female Phone: [work] _____
[home] _____

Status: Student Faculty Staff Administrator External/Non-Campus

Name of RESPONDENT #4:

(If more than one respondent, list complete information for each)

Address (local):

Address (residence):

City: _____ State: _____ Zip: _____

Sex: Male Female

Phone: [work] _____

[home] _____

Status:

Student Faculty Staff Administrator External/Non-Campus

EXPLAIN YOUR COMPLAINT IN DETAIL. INCLUDE THE FOLLOWING INFORMATION. ADD ADDITIONAL PAGES IF NECESSARY. ATTACH DOCUMENTS YOU BELIEVE MAY BE HELPFUL IN INVESTIGATING YOUR COMPLAINT.

1. Describe the specific incident(s) of discrimination/harassment/retaliation. List times, dates, locations, names and titles of the people involved in the incident(s).
2. Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc).
3. Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, gender, disability, etc.) of each person.

**LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.
ADD ADDITIONAL PAGES IF NECESSARY.**

Name of Witness #1:

(If more than one respondent, list complete information for each)

Address (local):

Address (residence):

City: _____ State: _____ Zip:

Home phone _____ Work phone _____

Work hours _____

What information can this witness provide?

Name of Witness #2:

(If more than one respondent, list complete information for each)

Address (local):

Address (residence):

City: _____ State: _____ Zip:

Home phone _____ Work phone _____

Work hours _____

What information can this witness provide?

Name of Witness #3:

(If more than one respondent, list complete information for each)

Address (local):

Address (residence):

City: _____ State: _____ Zip:

Home phone _____ Work phone _____

Work hours _____

What information can this witness provide?

**LIST DOCUMENTS YOU BELIEVE MAY HELP IN INVESTIGATING YOUR COMPLAINT.
PROVIDE THE NAME, DATE AND EXPLANATION OF THE CONTENTS OF EACH DOCUMENT.
ADD MORE PAGES IF NECESSARY.**

NAME OF DOCUMENT #1:

DATE:_____ . EXPLANATION OF CONTENTS:

NAME OF DOCUMENT #2:

DATE:_____ . EXPLANATION OF CONTENTS:

NAME OF DOCUMENT #3:

DATE:_____ . EXPLANATION OF CONTENTS: