

COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, harassment, sexual or gender-harassment, domestic or dating violence, stalking or retaliation pursuant to the Universities' Equal Opportunity, Diversity and Affirmative Action Plan ("EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process, in accordance with Sexual Violence Policy, Student Code of Conduct and applicable collective bargaining agreements.

Date Filed: _____ Date(s) of Alleged Incident(s): _____

A. Name (Print): _____

B. Check One: Student: _____ Employee: _____

Other: _____ (describe relationship to University)

C. Type of alleged discrimination or discriminatory harassment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Other: _____ | |

D. Type of alleged sexual violence or other prohibited conduct:

- | | | |
|--|--|--|
| <input type="checkbox"/> Rape | <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Statutory Rape | <input type="checkbox"/> Aiding in the Violence | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Gender-Based Harassment | |
| <input type="checkbox"/> Other _____ | | |

E. Retaliation

F. Name of individual(s) you believe harassed you, discriminated or retaliated against you, or engaged in violence toward you: _____

G. List any witnesses: _____
