DISCRIMINATION COMPLAINT FORM

(For complaints based on race, color, religion, age, sex, sexual orientation, marital status, national origin, alienage, ancestry, disability, pregnancy, gender identity or expression, or veteran status)

Name of Complainant:	
Date of Complaint: Date of all	eged discrimination/harassment:
Name(s) of the discriminator(s) or harasser(s): _	
Location where such discrimination/harassment	occurred:
Name(s) of witness(es) to the discrimination/har	assment:
Detailed statement of the circumstances constitu	ting the alleged discrimination or harassment:
Proposed remedy:	
Reviewed by:	Date: