

DISCRIMINATION COMPLAINT FORM

(For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Alienage, Ancestry, Disability (including Pregnancy), Veteran Status or Gender Identity Expression)

Name of Complainant: _____

Date of Complaint: _____ Date of alleged 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/harassment: _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment:

Proposed remedy: _____

Reviewed by: _____ Date: _____