

**DISCRIMINATION COMPLAINT FORM**

**(For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, 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:

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Proposed remedy: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_