

**DISCRIMINATION COMPLAINT FORM**

**(For complaints based on race, color, religion, age, sex, sexual orientation, marital status, national origin, alienage, ancestry, disability, pregnancy, genetic information, veteran status, or gender identity or 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: \_\_\_\_\_