## 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 harassm	nent:
Proposed remedy:	
Reviewed by:	