

REPORT FORM FOR REPORTS OR COMPLAINTS OF RACE, COLOR, CREED, RELIGION, AGE, GENDER, DISABILITY, NATIONAL ORIGIN, OR ANCESTRY

Complainant

Home Address

Work
Address

Home Phone _____ Work Phone _____

Date of alleged incident(s)

Did the incident(s) involve: (check all that apply)

_____ age harassment _____ sexual harassment _____ racial harassment _____ religious discrimination
_____ discrimination because of national origin _____ discrimination because of disability _____ gender
discrimination

Name of person you believed harassed/discriminated you or another person:

If the alleged harassment/discrimination was toward another person, identify that other person

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any, physical contact was involved. Attach additional pages as necessary.

When and where did the incident(s) occur?

List any witnesses who were present

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

(Complainant's signature)

(Date)

(Received by)

(Date)