

## FORMAL DISCRIMINATION AND HARASSMENT COMPLAINT FORM

Name of Complainant \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Status of Complainant  Staff  Faculty  Student  Other: \_\_\_\_\_

Type of Complaint  Discrimination  Harassment

**Basis of Complaint:**

- Race  Religion  Color  National Origin  Ancestry  Age  Sex/Gender  Sexual Orientation  
 Gender Identity and Expression  Disability  Genetic Information  Atypical Hereditary Cellular or Blood Trait  
 Marital Status  Domestic Partnership Status and Civil Union Status  Veteran Status  Military Service  Retaliation

Name of Respondent(s) \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Status of Respondent(s)  Staff  Faculty  Student  Other: \_\_\_\_\_

**Relationship of Respondent(s) to Complainant**

Coworker  Supervisor  Faculty  Student  Client/Customer  Other: \_\_\_\_\_

Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.  
If additional space is needed, use reverse side of paper or attach additional sheet(s)

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Has anyone witnessed the alleged behavior?  Yes  No

If yes, please list names and contact information:

Did you take any action to stop the alleged behavior?  Yes  No

If yes, please summarize the action taken:

How would you like to see the situation resolved?

Additional information or comments:

I am aware that an informal process is available to resolve the complaint, and feel that a formal complaint is appropriate to resolve the discrimination and harassment I allege in this complaint. I understand that I may have rights to relief under the state and federal laws, and that filing a formal complaint does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I understand that if I am a member of a collective bargaining unit, I may have rights to grieve the actions of the respondent, and that filing this complaint does not substitute for that process or give me more time to grieve any of those actions. I agree to cooperate within reason with any investigation conducted by the university into this matter, and I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to discipline under Section VI of the Discrimination and Harassment Complaint Process.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this form to:**

Office of Employment Equity - 57 US Highway 1, ASB II - Cook Campus (848) 932-3973 Fax: (732) 932-0049