

Discrimination/Harassment Complaint Form

Person alleging discrimination/harassment or person referring the complaint

Name	Student Number, If Applicable
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Status <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other, please specify _____	Email Address
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Contact Address

Person who is accused of discrimination/harassment

Name	Student Number, If Applicable
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Status <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other, please specify _____	Email Address
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Contact Address

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

Basis of discrimination/harassment

- Race/Color Age Sexual Misconduct¹ Gender National Origin/Creed/Ancestry Disability
 Sexual Orientation Height Weight Religion Retaliation Veteran Status

¹**Sexual misconduct** is a broad term used to encompass a range of behaviors including sexual harassment, nonconsensual sexual contact (sexual assault), nonconsensual sexual penetration (rape), and sexual exploitation. Some behaviors covered by these definitions might be referred to as rape, sexual assault, or sexual battery in criminal statutes. Terms that are also used culturally include date rape, acquaintance rape, or intimate partner violence. Sexual misconduct can occur between individuals who know each other, have an established relationship, have previously engaged in consensual sexual activity, and between individuals who do not know each other. Sexual misconduct can be committed by persons of any gender identity, and it can occur between people of the same or different sex.

Were witnesses present for the alleged behavior? Yes No
if yes, please list names and contacts below:

If alleging harassment, did you take any action to stop the harassment? Yes No
If yes, please summarize the action taken below:

How would you like to see the situation resolved?

Signature _____ Date _____

Received by _____ Date _____