

FORMAL HARASSMENT AND UNLAWFUL DISCRIMINATION COMPLAINT FORM

You are about to lodge a formal complaint alleging harassment or unlawful discrimination. This form will be filed with the Director of Human Resources, who will adjudicate the matter in accordance with University Policy. All allegations shall be promptly investigated. Confidentiality will be maintained throughout this process to the extent practical and appropriate under the circumstances.

1. Your Name: _____ Today's Date: _____

2. Are you: _____ student _____ faculty _____ staff

3. Name of the person(s) against whom you are filing this Complaint: _____

4. Names of any witnesses to the discrimination, harassment or unlawful discrimination:

5. Please describe what happened. If possible, give dates and locations. You may continue your description of the facts on the back of this form or on a separate sheet of paper.

For further information or Complaint Forms, contact the Office of Human Resources

FOR COLLEGE USE ONLY

Date received: _____

Responsible Officer: _____

Investigation Committee Members: _____
