



**OFFICE OF EQUITY PROGRAMS
COMPLAINT FORM**

Form may be completed online

NAME: _____

PHONE NO: _____

E-MAIL ADDRESS: _____

CAMPUS ADDRESS: _____

STATUS: _____
(Faculty, Staff, Graduate, Undergraduate)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ALLEGED INCIDENT/DISCRIMINATION WAS BASED ON (please check all that apply):

Race or Color ___ Religion ___ National Origin ___ Sexual Orientation ___ Veteran's Status ___ Sex ___
Age ___ Disability ___ Marital/Parental Status ___ Sexual Harassment ___ Other _____

ALLEGED INCIDENT/DISCRIMINATION TOOK PLACE ON OR ABOUT:

Month ___ Day ___ Year _____

CHECK IF ALLEGED DISCRIMINATION IS CONTINUING ___ Yes ___ No

RESPONDENT(S) NAME(S) _____

TITLE (IF KNOWN) _____

**Please write a statement of your complaint in the space provided below.
(Additional sheets may be used).**

SIGNATURE: _____

DATE: _____

**This form may be submitted via e-mail by clicking on the button below.
However, a signed hardcopy containing your signature must be submitted to
Office of Equity Programs, OM 206.**