

COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, harassment, sexual or gender-harassment, domestic or dating violence, stalking or retaliation pursuant to the Universities' Equal Opportunity, Diversity and Affirmative Action Plan ("EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process, in accordance with Sexual Violence Policy, Student Code of Conduct and applicable collective bargaining agreements.

Date Filed:			_ Dat	_ Date(s) of Alleged Incident(s):		
A.	Name (Pr	rint):				
В.	Check One: Student:		E	Employee:		
	Other:			(describe relationship to Univ	versity)	
C. Type of alleged discrimination or discriminatory harassment:						
		Race		Color	□ Religion	
		National Origin		Age	☐ Disability	
		Sex/Gender		Sexual Orientation	☐ Gender Identity	
		Gender Expression		Marital Status	☐ Veteran Status	
		Genetic Information		Other:		
D.	Type of a	pe of alleged sexual violence or other prohibited conduct:				
		Rape			☐ Incest	
		Statutory Rape		Aiding in the Violence	☐ Stalking	
		Sexual Assault		Domestic Violence	□ Dating Violence	
		Sexual Harassment		Gender-Based Harassment		
		Other				
E.		Retaliation				
F.	Name of individual(s) you believe harassed you, discriminated or retaliated against you, or engaged in violence toward you:					
	iii vioieii	toward you.				
G.	List any v	witnesses:				

COMPLAINT FORM – PAGE 2				
H.	List any others with knowledge	of the incident(s):		
I.		ase list the sequence of events, including dates, if possible, and any evidence currently known to you:		
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	(If additional write	ing space is needed, please attach additional sheets)		
no	the best of my knowledge and	belief, the above information is complete, true and accurate and nder the EO Plan, and I hereby submit this complaint under the		
		Signature of Complainant		
Re	eceived by	on:		