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:		Date(s) of Alleged Incident(s):	Date(s) of Alleged Incident(s):		
A.	Name (Print):				
В.	Check One: Student:	Employee:			
	Other:	(describe relationship to	University)		
C.	Type of alleged discrimination or discriminatory harassment:				
	Race	Color	Religion		
	National Orig	in Age	Disability		
	Sex/Gender	Sexual Orientation	Gender Identity		
	Gender Expre	ession Marital Status	Veteran Status		
	Genetic Information	mation Other:			
D.	Type of alleged sexual violence or other prohibited conduct:				
	Rape	Sexual Exploitation	Incest		
	Statutory Rap	e Aiding in the Violence	Stalking		
	Sexual Assau		Dating Violence		
	Sexual Harass	sment Gender-Based Harassmo			
	Other				
E.	Retaliation				
F.	Name of individual(s) you believe harassed you, discriminated or retaliated against you, or engaged in violence toward you:				
G.	List any witnesses:				
	List any withesses.				
	-				

H. List any others with knowledge of the incident(s): 1. Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts, statements and/or evidence currently known to you: (If additional writing space is needed, please attach additional sheets) To the best of my knowledge and belief, the above information is complete, true and accurate an not a "false charge" as defined under the EO Plan, and I hereby submit this complaint under t University's Complaint Investigation and Resolution Procedure. Signature of Complainant Received by		<u>COMPLAINT FORM – PAGE 2</u>		
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