DISCRIMINATION/HARASSMENT COMPLAINT FORM

411-Exhibit 511-Exhibit

Name of person filing this complaint	_			
Address				
(Street)	(City)		(Zip)	
Telephone				
(Home)	(School o	(School or Work Location)		
Position of person filing complaint:	S P		Employee Other (Specify)	
Name and position of person alleg filing/harassed):	edly discriminated	against (if	other than person	
Address:				
Telephone:				
Statement of Complaint (Please: 1) specificalleging (e.g., discrimination based on racin violation of the law; 2) describe the specific the date(s) of each incident(s); a believe may be responsible for the incident	ce) and/or the policy ecific incident(s) of and 3) identify any p	or action that y discrimination/ person(s) involv	ou believe may be harassment, ed in, or which you	
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If you believe that others are affected by the alleged discrimination/harassment, please provide their names and positions:
If you wish, please describe any corrective action you would like to be taken in response to this complaint:
Signature of person filing complaint:
Date complaint filed:
Signature of person receiving complaint:
Date complaint received:

If you need any assistance completing this form or filing this complaint, please request assistance from (insert name, position, address, office number, and telephone number).

Submit all copies of the complaint to the Equity Coordinator (Director of Human Resources) or his/her secretary. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school, department, or individual named as the responsible party and one copy will be retained by the Director of Human Resources.

1st copy - Equity Coordinator DISTRIBUTION:

2nd copy - School/department/individual named as responsible party 3rd copy - Complainant

Approved: 10/9/89 Revised: March 1994 Revised: September 1995

April 5 1999 March 2002