

**OFFICE OF EQUITY AND DIVERSITY FORMAL COMPLAINT OF DISCRIMINATION**

**COMPLAINANT:**

Name:  Title:

Department:

Office Location: (Select the appropriate location) :

Home Address:

City:  State:  Zip Code:

Phone Number (Day):  Phone Number (Night):

Email Address:

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**COMPLAINANT'S STATUS:** (Please check the appropriate box)

Student  Faculty   
Administrative Staff:  Associate Staff:  Support Staff:   
Applicant for employment:

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**COMPLAINANT'S PROTECTED CLASS or BASIS OF COMPLAINT:**

(Please check the appropriate box(es) to indicate the Title VI, Title VII, or Title IX classification that is applicable to you as the complainant or the complaint).

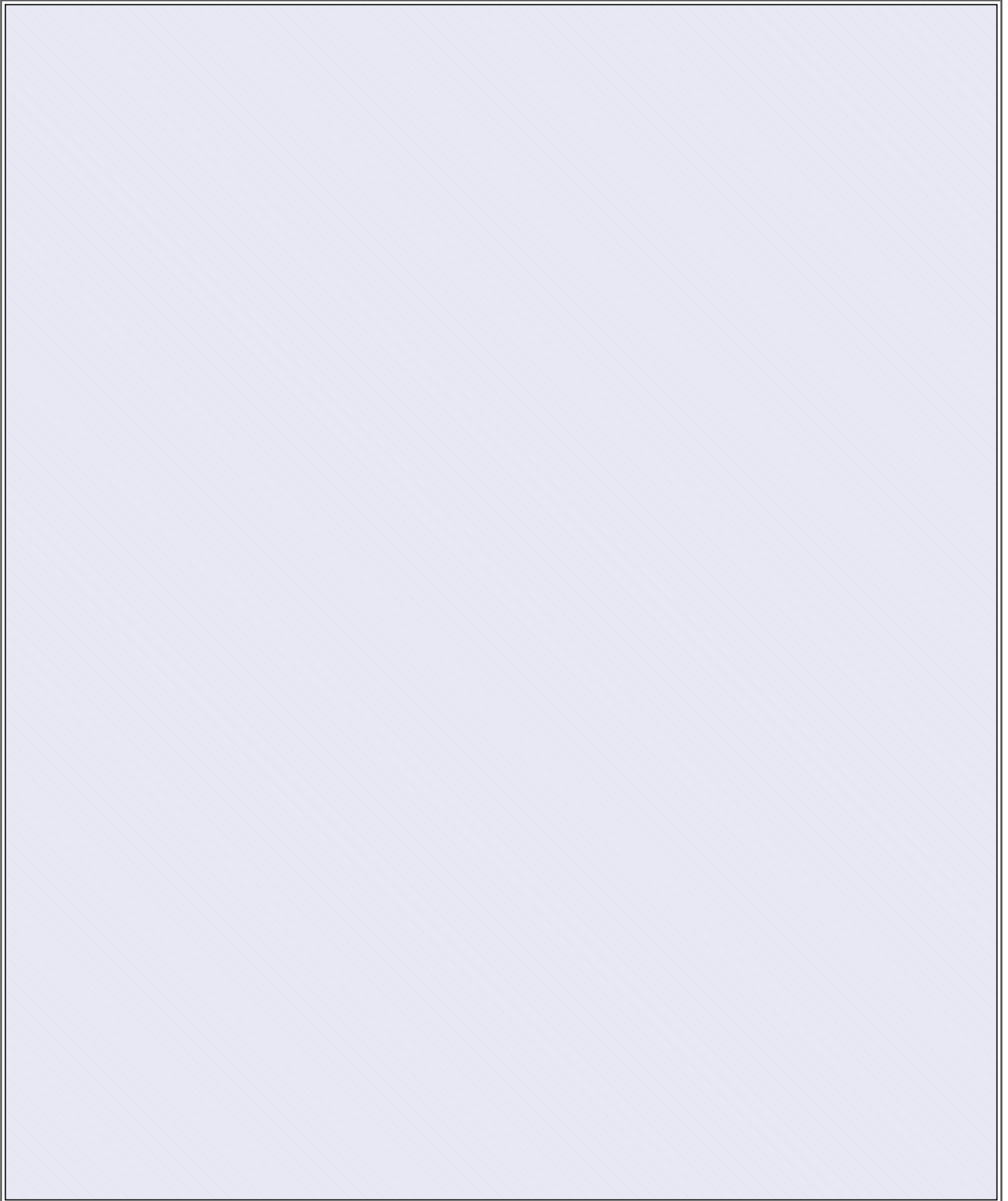
Age:  Covered Veteran:  Disability:  Gender Identity:   
Genetic Information:  Marital Status:  National Origin:  Race:   
Religion:  Sex:  Sexual Harassment:  Sexual Orientation:   
Sexual Assault:  Retaliation:

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**COMPLAINANT'S DESCRIPTION OF ALLEGED DISCRIMINATORY ACTION(S):**

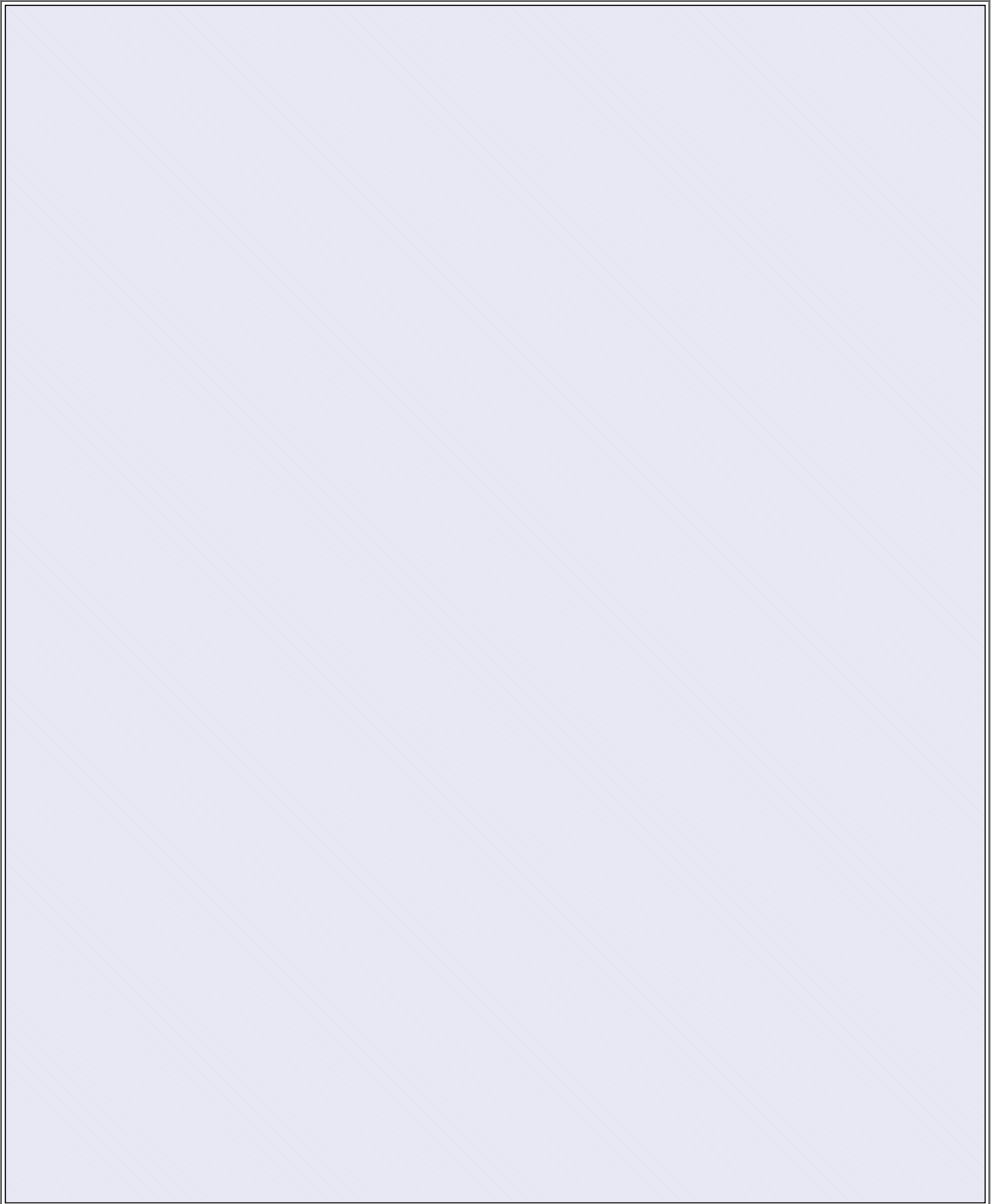
1. Describe the alleged discriminatory action(s). Be precise as possible with regard to the names and titles/positions of the involved parties, names and title/positions of witnesses, locations, times, dates and provide other information relevant to this complaint. If necessary, you may use additional sheets of paper and attachments.

2. Indicate why you believe the action is based on discrimination. For example, indicate why the action(s) is based on the protected status indicated above. If necessary, you may use additional sheets of paper and attachments.



**COMPLAINANT'S PROPOSED RESOLUTION, REMEDY AND/OR CORRECTIVE ACTION(S) SOUGHT TO ADDRESS COMPLAINT:**

(If necessary, you may use additional sheets of paper and attachments.)



**Please list external agencies have been contacted regarding this complaint**

Name of Agency: \_\_\_\_\_

Date \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Date \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Signature of Complainant

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

The signature above indicates that this complaint was received by HRSTM or a designated Representative.