

**COMPLAINT FORM**  
**(Discrimination, Anti-Bullying, and Anti-Harassment)**

Date of Complaint:	
Name of Complainant:	
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else)?	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?	
Date and place of alleged incident(s):	
Name of any witnesses (if any):	

Name of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial State	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other - Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Region/Creed	<input type="checkbox"/>	

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REVIEWED AND APPROVED: 12/14/2020

**WITNESS DISCLOSURE FORM**

NAME OF WITNESS:	
DATE OF INTERVIEW:	
DATE OF INITIAL COMPLAINT:	
NAME OF COMPLAINANT (include whether the Complainant is a student or employee)	____STUDENT ____EMPLOYEE
DATE AND PLACE OF ALLEGED INCIDENT(S):	

Name of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial State	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other - Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Region/Creed	<input type="checkbox"/>	

Description of incident witnessed:

Additional information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISPOSITION OF COMPLAINT FORM**

DATE:	
DATE OF INITIAL COMPLAINT:	
NAME OF COMPLAINANT (include whether the Complainant is a student or employee)	____STUDENT ____EMPLOYEE
DATE AND PLACE OF ALLEGED INCIDENT(S):	
NAME OF RESPONDENT (include whether the Respondent is a student or employee):	____STUDENT ____EMPLOYEE

Name of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial State	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other - Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Region/Creed	<input type="checkbox"/>	

Summary of Investigation:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REVIEWED AND APPROVED: 12/14/2020