

**Nondiscrimination/Equal Opportunity**  
(Complaint Form)

Date: \_\_\_\_\_

Name of complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).

Summary of alleged unlawful discrimination or harassment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of individual(s) allegedly engaging in prohibited conduct:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) alleged prohibited conduct occurred:

\_\_\_\_\_

Name(s) of witness(es) to alleged prohibited conduct:

\_\_\_\_\_

If others are affected by the possible unlawful discrimination or harassment, please give their names:

\_\_\_\_\_

Your suggestions regarding resolving the complaint: \_\_\_\_\_

\_\_\_\_\_

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Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint.

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Signature of complainant

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Date

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Signature of person receiving complaint

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Date

(Adopted January 20<sup>th</sup> 2021)