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### DISCRIMINATION/HARASSMENT COMPLAINT FORM

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For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Alienage, Ancestry, Disability, Pregnancy, Veteran Status, or Gender Identity Expression

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

Date of complaint: \_\_\_\_\_

Date of alleged discrimination/harassment: \_\_\_\_\_

Name or names of the discriminator(s) or harasser(s):  
\_\_\_\_\_

Location where such discrimination/harassment occurred:  
\_\_\_\_\_

Name(s) of witness(es) to the discrimination/harassment:  
\_\_\_\_\_

Detailed statement of the circumstances constituting the alleged discrimination: or harassment.  
(If additional space is needed, please use a blank page.)

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Proposed remedy:  
\_\_\_\_\_