



DISCRIMINATION/HARASSMENT COMPLAINT FORM

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

Name of complainant: _____

Date of complaint: _____

Date of the alleged discrimination/harassment: _____

Name or names of the discriminator(s) or harrasser(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.)

Proposed remedy:
