

DISCRIMINATION / HARASSMENT COMPLAINT FORM

Date: _____

Complainant:

Address:

Email address: _____

Phone: (home) _____ (work) _____ (cell) _____

Name(s) of person(s) accused of wrongdoing: _____

Describe all actions of person(s) named above. Be as detailed as possible; include the date, time and place of each event(s) or conduct involved. Attach additional pages, if needed.

Why do you think the person(s) treated you this way? _____

What effect has this had on you? _____

Names of witnesses to the above-described events. Include phone number(s), if known.

Names of anyone with whom you discussed the above-described events.

Include phone number, if known. _____

How would you like this matter resolved? _____

Complainant Signature: _____