

University of Rochester

REPORT FORM

[Personnel Policy #106](#) — Policy Against Discrimination and Harassment

Name:

University Status: Faculty Staff Undergraduate Student Graduate Student Other

Address, Phone Number(s), and E-mail Address:

Department or School:

Whom are you complaining about?

Is the individual(s) about whom you are complaining a (check all that apply):

student staff member faculty member

Date incident occurred (m/d/yy)

Description of Issue/Incident:

(Additional information may be attached to this form if needed.)

Signature

Date (m/d/yy): _____

Note: *Individuals needing assistance in completing this form should contact the Office of the University Intercessor at 275-9125.*

Submitting your completed form: If your complaint is against **(1)** a staff member, submit this form to the Office of Human Resources, Medical Center Room G-8011 or Wallis Hall Room 20 on the River Campus; **(2)** a faculty member, submit this form to the applicable Dean's Office or Provost's Office in Wallis Hall Room 200; **(3)** an undergraduate or graduate student, submit this form to the applicable Dean of Students Office.

University policy prohibits any student, faculty or staff member from retaliating against you for making good-faith complaints of discrimination or harassment.

For Internal Office Use Only:

Received By: _____

Date (m/d/yy): _____

Forwarded To: _____

Date: (m/d/yy): _____