

REPORT FORM

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

Name:

University Status: Faculty Staff Undergraduate Student Graduate Student Other

Home Address:

Phone Numbers: Home _____ Cell _____ Work _____

E-mail Address: University e-mail _____ Other e-mail _____

Department or School:

Individuals who discriminated against you:

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)

Basis of Discrimination — Please check all that apply

- | | |
|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Age | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Arrest or Conviction Record | <input type="checkbox"/> Race / Color / Ethnicity |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Creed / Religion | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender Identity / Expression | <input type="checkbox"/> Retaliation |

(on the reverse side, please explain why you believe you have been discriminated against on this basis/bases)

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 1-6039 or Wallis Hall Room 33A 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): _____