

Date of Initial Complaint:

\_\_\_\_\_

Name of Complainant (include if it is a student or employee):

\_\_\_\_\_

Date and place of alleged incident(s):

\_\_\_\_\_

Name of Respondent (include if it is a student or employee):

\_\_\_\_\_

Discrimination Alleged:

___ Race	___ Color	___ Age
___ Sex	___ National Origin	___ Sexual Orientation
___ Gender	___ Gender Identity	___ Religion
___ Creed	___ Disability	___ Genetic Information
___ Familial Status	___ Marital Status	___ Physical Attribute
___ Physical/Mental Ability	___ Political Belief	___ Political Party Preference
___ Socio-economic Background	___ Other ( <i>Please specify</i> )	

Summary of investigation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This is a mandatory document.**

Date of Adoption: 2/24/2005

Reviewed:

Revised: