

DISCRIMINATION/HARASSMENT COMPLAINT FORM

(For complaints based on race, color, religion, age, marital status, national origin, alienage, ancestry, genetic information, veteran status, or status as a victim of domestic violence)

Name of the reporter: _____

Name of alleged victim/complainant: _____

Relationship of reporter to the alleged victim/complainant: _____

Date of the alleged discrimination/harassment: _____

Name or names of the alleged discriminator(s) or harasser(s): _____

Location where such alleged discrimination/harassment occurred: _____

Names(s) of any witness(es) to the alleged discrimination/harassment: _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment:

Proposed remedy: _____
