

**Anti-Discrimination/Anti-Harassment Complaint Form**

Date \_\_\_\_\_

Name of complainant \_\_\_\_\_

Check one: \_\_\_ Employee OR \_\_\_ Student

Name of Alleged Harasser(s) \_\_\_\_\_

\_\_\_\_\_

Date(s)	Location(s) of Incident(s)

Description of Alleged Misconduct (continue on reverse if more space is needed)

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

Name of Witness(es)(if any) \_\_\_\_\_

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

If any evidence of harassment (letters, photos, etc.), please submit with form.

Any other information

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

By my signature below, I swear and affirm that all the information on this form is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_