

PURDUE

UNIVERSITY

COMPLAINT INFORMATION FORM

GENERAL INFORMATION

Complainant: _____
University Position/Status: _____ Campus Phone: _____
Campus Address: _____ Home Phone: _____
Home Address: _____
Sex: Male Female

Respondent: _____
Campus Phone: _____ Campus Address: _____
Position/Status of Respondent: _____
Relationship to Complainant: _____
Respondent's Supervisor's Name: _____
Sex: Male Female

NATURE OF COMPLAINT

Harassment Discrimination

ALLEGATION BASED ON

Race or Color Religion Sexual Orientation
 Sex Disability Sexual Harassment
 Ancestry Veteran Status Retaliation
 National Origin Age (40 or over) Other, Explain: _____
 Parental Status Marital Status

INCIDENT INVOLVED

Terms and/or Conditions of Employment University Event or Program
 Terms and/or Conditions of Education University Service
 Other, Explain: _____

COMPLAINT (Describe the nature of your complaint. Attach additional pages if necessary.)

Have you brought your complaint to the attention of any other University department or State or Federal agency? Yes No

If yes, please state the name of the University department or agency and date: _____

RESOLUTION SOUGHT

CERTIFICATION

I certify that the information I have provided on this Complaint Information Form is true and accurate to the best of my knowledge or belief.

Signature of Complainant

Date

RECEIPT ACKNOWLEDGED

Name of Interviewer

Title

Date
