



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

- | | | |
|--|---|--|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Age (40 or over) | <input type="checkbox"/> Other, Explain: _____ |
| <input type="checkbox"/> Parental Status | <input type="checkbox"/> Marital Status | |

INCIDENT INVOLVED

- | | |
|--|--|
| <input type="checkbox"/> Terms and/or Conditions of Employment | <input type="checkbox"/> University Event or Program |
| <input type="checkbox"/> Terms and/or Conditions of Education | <input type="checkbox"/> University Service |
| <input type="checkbox"/> Other, Explain: _____ | |
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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

In accordance with the Procedures for Resolving Complaints of Discrimination and Harassment (Revised May 3, 2004), a copy of this form must be filed with the Office of the Vice President for Human Relations, Hovde Hall Room 241, 610 Purdue Mall, West Lafayette IN 47907-2040.