



COMPLAINT INFORMATION FORM

GENERAL INFORMATION

Complainant:
University Position/Status:
Campus Address:
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, Sex, Ancestry, National Origin, Parental Status, Religion, Disability, Veteran Status, Age (40 or over), Marital Status, Sexual Orientation, Sexual Harassment, Retaliation, Other, Explain:

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

In accordance with the Procedures for Resolving Complaints of Discrimination and Harassment (Revised October 19, 2007), a copy of this form must be filed with the Office of the Vice President for Ethics and Compliance, Ernest C. Young Hall, 10th Floor, 155 S. Grant Street, West Lafayette IN 47907-2114.