

Nondiscrimination and Student Rights

Harassment Grievance Form

HARASSMENT/DISCRIMINATION GRIEVANCE FORM

Complainant: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Date of Alleged Incident(s): _____

Did the incidents involve: sexual harassment/discrimination, racial harassment/discrimination, harassment/discrimination because of age, harassment/discrimination because of color, national origin or ethnicity, harassment/discrimination because of disability, harassment/discrimination because of sexual orientation or perceived sexual orientation (*circle all that apply*).

Name of person you believe harassed or discriminated against you or another person: _____

If the alleged harassment/discrimination was toward another person, identify that other person: _____

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary.

When and where did the incident occur? _____

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____
has harassed/discriminated against me or another person. I hereby certify that the information I
have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant's Signature

Date

Witness

Date

Received By

Date Received