

EQUAL OPPORTUNITY PROGRAMS & OMBUDSERVICES

Katherine Ritchie Rapp, JD, EOP Officer

FORM FOR REPORTS OR COMPLAINTS OF HARASSMENT AND DISCRIMINATION

Name _____

Home Address _____

Work Address _____

Home Phone _____

Work Phone _____

- I. Did the incident(s) involve:

Race _____	National Origin _____
Creed (Religion) _____	Age _____
Color _____	Disability _____
Sex _____	Other _____

Check all that apply.

- II. Your demographics: (Example: If you checked race or age, what is your race or age?)

Race _____	National Origin _____
Creed (Religion) _____	Age _____
Color _____	Disability _____
Sex _____	Other _____

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

Describe the incident(s) as clearly as possible, including such things as date, time, place, who, what, when, where:

STATEMENT

(Attach additional pages, documents or other materials as necessary)

List any witnesses who were present or knowledgeable

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

I understand that if this investigation reveals that I have knowingly provided false or misleading information, I may be subject to disciplinary action.

_____	_____	_____
Complainant's Signature	Printed Name of Complainant	Date Complaint Completed

_____	_____
Received By	Date Received