DISCRIMINATION COMPLAINT FORM
(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), gender identity or expression, or veteran status)

Name of the complainant  ________________________________________________

Date of the complaint ____________________________________________________

Date of the alleged discrimination/harassment  ______________________________

Name or names of the discriminator(s) or harasser(s)  ________________________
________________________________________________________________________

Location where such discrimination/harassment occurred  ____________________
________________________________________________________________________

Name(s) of any witness(es) to the discrimination/harassment  _________________
________________________________________________________________________

Detailed statement of the circumstances constituting the alleged discrimination or harassment  ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Proposed remedy:_________________________________________________________
________________________________________________________________________
________________________________________________________________________