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

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 _________________________________________________________

Form 4085