DISCRIMINATION COMPLAINT FORM
(For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Ancestry, Disability (including Pregnancy), 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  ________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Form 5021