

## 4104-F Discrimination/Retaliation Complaint Form

Employees, Officers, Contractors, Volunteers, Visitors, or other Non-Students shall use this form to report allegations of discrimination (including unlawful harassment) or unlawful retaliation.

			Co			
Co	mplainant's Inform	ation				
Fire	st Name		Initial	Last Name	<u>e</u>	
1 113	Structure		midal	Last Name	C	
Str	eet Address					
City	y, State & Zip					
Ph	one Number					
Em	ail Address					
Po	sition Held					
Supervisor's Name						
Complaint:						
	·					
Identify type of discrimination, harassment, or retaliation:						
	Age		Gender			National Origin
	Marital Status		Race			Pregnancy
	Disability		Gender Ider			Sexual Orientation
	Religion		Military Ser	lice		Genetic Information
	Pregnancy		Height			Weight
	Other	□	Retaliation			Sex

Did the Complainant report the discrimination, including unlawful harassment, or retaliation to the Supervisor?  $\Box$  Yes  $\Box$  No

What additional facts show that a person discriminated, harassed, or retaliated against the Complainant?\_\_\_\_\_

Known Witnesses:

Additional sheets or documents may be attached to this complaint, if necessary.

Retaliation against a person who reports discrimination, including unlawful harassment, is prohibited.

Complainant's Signature

Date

Please Print/Type Name

\_\_\_\_\_

## **Internal Use Only**

Date outcome of investigation reported to Complainant:

