

UNLAWFUL DISCRIMINATION STATE

Home/Cell _____ Email _____
Student _____ Employee _____ Other: _____

Student _____ Employee _____ Other: _____

(Non-employment complaints must be filed within one year of the date of the alleged unlawful discrimination. Employment complaints must be filed within 180 days of the date of the alleged

_____ Military/Veteran Status
_____ National Origin
Color _____ Physical/Mental Disability
Ethnic Group _____ Race
Gender Expression _____ Religion
Gender Identification _____ Retaliation
Immigration Status _____ Sex/Gender
Marital Status _____ Sexual Orientation
Medical Condition _____ Other Protected Class (Explain):

Clearly state your complaint. Describe each incident of alleged discrimination separate

For each incident provide the following information:

- 1) date(s) the discriminatory action occurred;
- 2) name(s) of individual(s) who participated in discriminatory conduct;
- 3) location of incident;
- 4) what happened;
- 5) witnesses (if any);
- 6) why you believe the conduct was motivated by your protected classification;
- 7) if applicable, explain why you believe you were retaliated against for filing a complaint or asserting your right to be free from discrimination on any of the above grounds.

(Attach additional pages as necessary.)

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date

Name of individual documenting verbal complaint: _____

Title

Phone

Email

OFFICE USE ONLY

Date complaint received: _____

Received by

Title