

**REPORT FORM**

[Personnel Policy #106](#) — Policy Against Discrimination and Harassment

Name:

University Status:  Faculty  Staff  Undergraduate Student  Graduate Student  Other

Home Address:

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: University e-mail \_\_\_\_\_ Other e-mail \_\_\_\_\_

Department or School:

Individuals who discriminated against you:

Is the individual(s) about whom you are complaining a (check all that apply):

student  staff member  faculty member

Date incident occurred (m/d/yy)

**Basis of Discrimination — Please check all that apply**

Age

Disability

Arrest or Conviction Record

Race / Color / Ethnicity

Marital Status

Sex

Military/Veteran Status

Sexual harassment

Creed / Religion

Pregnancy

National Origin

Sexual Orientation

Gender Identity / Expression

Retaliation

*(on the reverse side, please explain why you believe you have been discriminated against on this basis/bases)*

**Description of Issue/Incident:**

(Additional information may be attached to this form if needed.)

\_\_\_\_\_  
Signature

Date (m/d/yy): \_\_\_\_\_

**Note:** *Individuals needing assistance in completing this form should contact the Office of the University Intercessor at 275-9125.*

**Submitting your completed form:** If your complaint is against **(1)** a staff member, submit this form to the Office of Human Resources, Medical Center Room G-8011 or Wallis Hall Room 20 on the River Campus; **(2)** a faculty member, submit this form to the applicable Dean's Office or Provost's Office in Wallis Hall Room 200; **(3)** an undergraduate or graduate student, submit this form to the applicable Dean of Students Office.

*University policy prohibits any student, faculty or staff member from retaliating against you for making good-faith complaints of discrimination or harassment.*

**For Internal Office Use Only:**

Received By: \_\_\_\_\_

Date (m/d/yy): \_\_\_\_\_

Forwarded To: \_\_\_\_\_

Date: (m/d/yy): \_\_\_\_\_