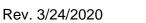
UNLAWFUL DISCRISHENTIO 26 pcs ty

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 condu

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 complai 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.

Phone

Signature of Complainant

Name of individual documenting verbal complaint:

Title

OFFICE USE ONLY

Email

Date complaint received:

Received by

Date

Title