



Employee Discrimination Form

Instructions: This form may be used to report discrimination based on a protected classification, or harassment (whether or not based on a protected status). Add as much information about the respondent as possible.

Complainant Name:

Complainant Phone Number:

Complainant Status:

Complainant Email:

Respondent Name:

Respondent Phone: (if known)

Respondent Status:

Respondent Email:

If Employee: Work Unit/Department:

Work Location:

If Student: Major/Program:

Year:

Were you directly involved in the incident(s)?

Is this complaint based on a protected classification? (If Yes, Choose all that apply) Yes No

Race	Gender Identity or Expression	Arrest Record	Sex	Sexual Orientatin	Disability
Color	Pregnancy	Conviction Record	Military Service	Age	Other
Religion/Creed	Marital or Parental Status	National Origin/Ancestry	Veteran Status	Genetic Information	
Use or Nonuse of Lawful Products Off the Employer's Premises During Nonworking hours			Refusal to Participate in a Polygraph or other Honesty Testing		
Declining to Attend a Meeting or Participate in any Communication about Religious or Political Matters			Affiliation with a Labor Union or Engaging in a Protected Concerted Activity		
Retaliation for Filing a Complaint, Assisting Others in Exercising Legal Rights, or Participating in an Investigation or Legal Proceeding					

Description of Behavior:

Dates/Times of Behavior:

Location of Behavior:

Are you interested in informal resolution of this complaint?

☐ I am interested in learning more about informal resolution

☐ I am seeking informal resolution

*Note that checking either of these boxes does not prevent you from seeking more formal options of resolution in the future.

Received by:

Date:

Assigned Investigator: