

DISCRIMINATION COMPLAINT FORM

(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, gender identity or expression, or veteran status)

Name of the complainant: _____

Date of the complaint: _____

Date of the alleged discrimination / harassment: _____

Name or names of the alleged discriminator(s) or harasser(s): _____

Location where such alleged discrimination / harassment occurred: _____

Names(s) of any witness(es) to the alleged discrimination / harassment: _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment: _____

Proposed remedy: _____
