ADMINISTRATIVE COMPLAINT FORM

CONTACT INFORMATION:

Name (Please Print)  Student / Faculty / Staff

Address

City  State  ZIP Code  Telephone Number

Email  Alternate Telephone Number

I BELIEVE I HAVE BEEN HARASSED OR DISCRIMINATED AGAINST ON THE BASIS OF: (check all that apply)

- Race
- Color
- National Origin
- Religion
- Ancestry
- Age
- Disability
- Sex (including Sexual Harassment)
- Sexual Orientation
- Gender Identity/Expression
- Marital Status
- Veterans’ Status
- Unfavorable Military Discharge
- Order of Protection
- Genetic Information

Retaliation

For the purposes of this process, retaliation is defined as retaliatory conduct against an individual who has opposed that which he/she believes to be unlawful discrimination, sexual harassment in employment/education or because he/she has filed a complaint, assisted or participated in an investigation, proceeding or hearing concerning an unlawful employment practice.
DETAILS OF THE COMPLAINT:

When do you believe the harassment and/or discrimination occurred? ______________________

Please list anyone who may have witnessed the alleged harassment and/or discrimination:

**Witness #1**
- First Name
- Last Name
- Email or Telephone #
- Student/Faculty/Staff

**Witness #2**
- First Name
- Last Name
- Email or Telephone #
- Student/Faculty/Staff

**Witness #3**
- First Name
- Last Name
- Email or Telephone #
- Student/Faculty/Staff

Who allegedly engaged in the harassing and/or discriminatory behavior?

**Respondent #1**
- First Name
- Last Name
- Email or Telephone #
- Student/Faculty/Staff

**Respondent #2**
- First Name
- Last Name
- Email or Telephone #
- Student/Faculty/Staff

DESCRIPTION OF ALLEGED HARASSMENT AND/OR DISCRIMINATION:
(attach additional sheets if necessary)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
I, the undersigned, do hereby authorize the Office of Equal Opportunity and Access (OEOA) or other designated Illinois State University official to conduct inquiries or investigation procedures with respect to the investigation/resolution of this complaint. I understand that information regarding my complaint may be shared with applicable University officials in order to acquire sufficient information with respect to the investigation, as well as, any follow-up activities that may be required in relation to the University’s response to my complaint. I also authorize the University to use whatever information may be obtained with respect to this complaint in any legal or formal grievance proceedings that may involve the issues contained herein. I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.

Signature                      Date  OEOA Official or Designee  Date