OFFICE OF
EQUAL OPPORTUNITY AND ACCESS
Illinois State University

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)

_____

_____

_____

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DESIRED ACTION TO BE TAKEN:

Signature	*Date*	*OEOA Official or Designee*	*Date*