

ADMINISTRATIVE COMPLAINT FORM

CONTACT INFORMATION:

Name (Please Print)			Student / Fa	culty / Staff	
Address					
City	State ZIP Code		Telephone N	Telephone Number	
Email		Alternate Teleph		elephone Number	
I BELIEVE I HAN BASIS OF: (check of		RASSED OR DI	SCRIMINATE	D AGAINST ON THE	
 Race Color National Origin Religion Ancestry Age 		Disability Sex (including Sexual Sexual Orientation Gender Identity/Exp Marital Status Veterans' Status		 Unfavorable Military Discharg Order of Protection Genetic Information 	
Retaliation		on is defined as retali		st an individual who has opposed	

Ш

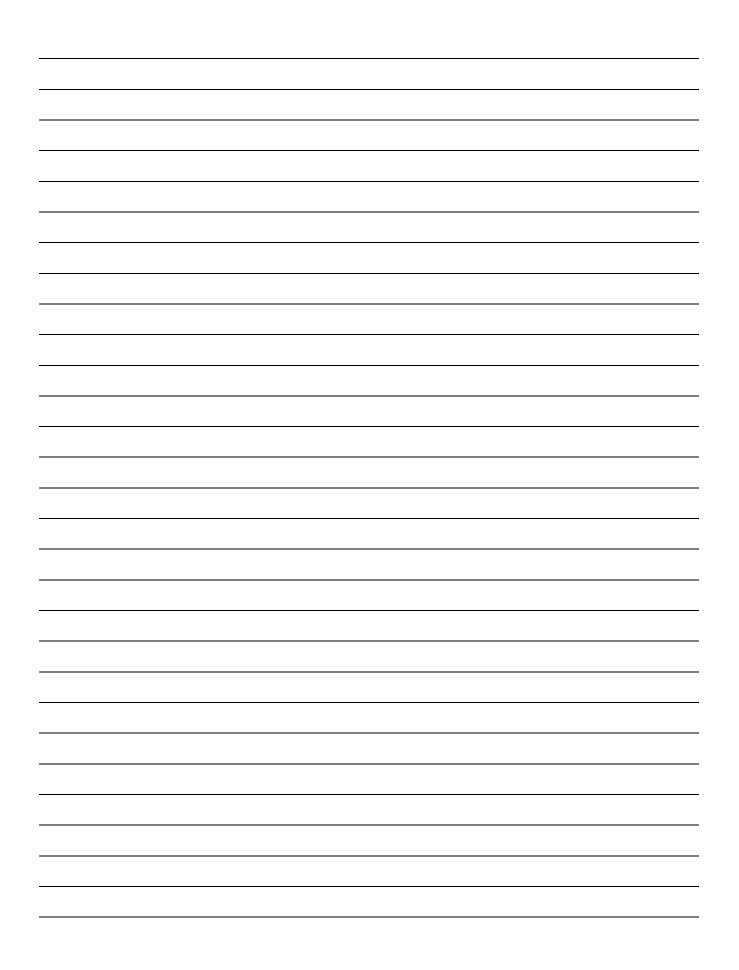
DETAILS OF THE COMPLAINT:

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

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

Vitness #1				
	First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
Vitness #2				
	First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
Vitness #3				
	First Name y engaged in the h	Last Name	Email or Telephone #	Student/Faculty/Staff
Who allegedly	y engaged in the h		-	Student/Faculty/Staff
	y engaged in the h		-	Student/Faculty/Staff
Who allegedly	y engaged in the h	narassing and/or dis	scriminatory behavior?	

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



DESIRED ACTION TO BE TAKEN:

Signature	Date	OEOA Official or Designee	Date