

# **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	
<ul> <li>Race</li> <li>Color</li> <li>National Origin</li> <li>Religion</li> <li>Ancestry</li> <li>Age</li> </ul>		Disability Sex (including Sexual Sexual Orientation Gender Identity/Exp Marital Status Veterans' Status		<ul> <li>Unfavorable Military Discharg</li> <li>Order of Protection</li> <li>Genetic Information</li> </ul>	
Retaliation		on is defined as retali		st an individual who has opposed	

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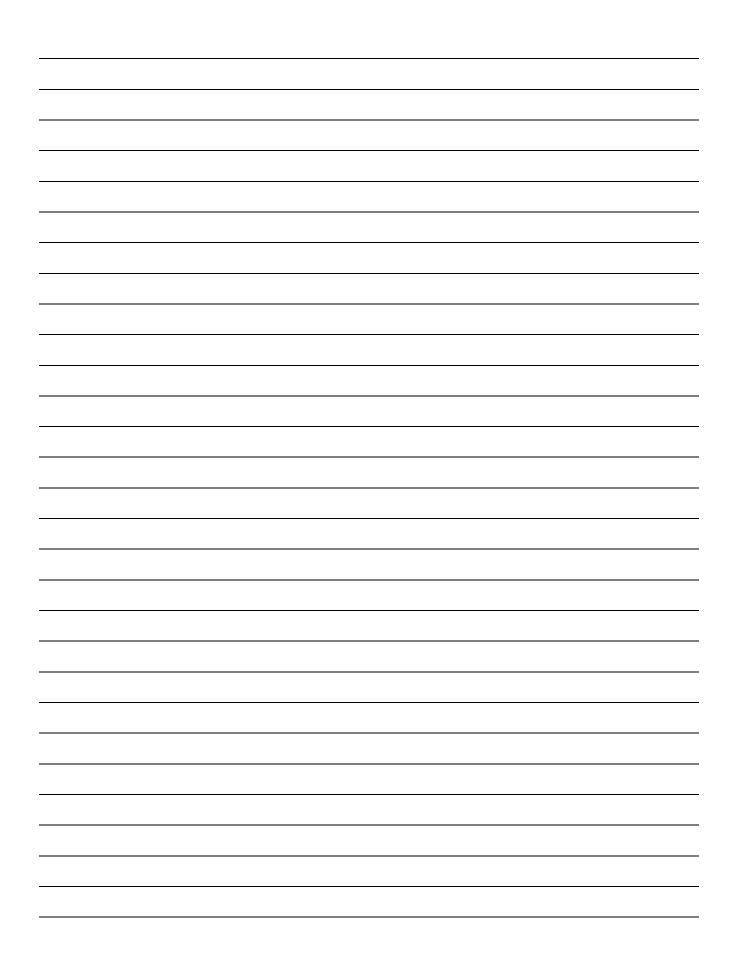
### **DETAILS OF THE COMPLAINT:**

#### 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