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

☐ 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**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email or Telephone #</th>
<th>Student/Faculty/Staff</th>
</tr>
</thead>
</table>

**Witness #2**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email or Telephone #</th>
<th>Student/Faculty/Staff</th>
</tr>
</thead>
</table>

**Witness #3**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email or Telephone #</th>
<th>Student/Faculty/Staff</th>
</tr>
</thead>
</table>

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

**Respondent #1**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email or Telephone #</th>
<th>Student/Faculty/Staff</th>
</tr>
</thead>
</table>

**Respondent #2**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Email or Telephone #</th>
<th>Student/Faculty/Staff</th>
</tr>
</thead>
</table>

**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