

# DISCRIMINATION/RETALIATION COMPLAINT FORM

Date of Complaint: \_\_\_\_\_

Date of Alleged Discrimination/Retaliation: \_\_\_\_\_

Date of Alleged Discrimination/Retaliation: \_\_\_\_\_

Complainant: \_\_\_\_\_

Complainant: \_\_\_\_\_

Alleged Discriminator(s)/Retaliator(s): \_\_\_\_\_

Alleged Discriminator(s)/Retaliator(s): \_\_\_\_\_

Description of Alleged Discrimination: \_\_\_\_\_

Description of Alleged Discrimination/Retaliation: (Attach additional sheets if necessary)

Name(s) of witness(es), if any: \_\_\_\_\_

Has the Alleged Discrimination/Retaliation \_\_\_\_\_

Has the Alleged Discrimination/Retaliation described above been reported before: \_\_\_\_\_

If yes, when, to whom, and what was the resolution? \_\_\_\_\_

Complainant  
Signature

**OFFICE USE ONLY**

Complaint Received by: \_\_\_\_\_

Name Date