



HARASSMENT COMPLAINT FORM
AFFIRMATIVE ACTION OFFICE

A. 1. Name: _____

2. Unit/Department: _____ Telephone: _____

B. Type of alleged discrimination:

Race or color _____ Sex/Gender _____ Age _____

National Origin _____ Disability _____ Religion _____

Sexual Orientation _____ Other (Height, Weight, etc.) _____

C. Summary of alleged discrimination: _____

D. Who discriminated against you?

1. Name of person (if known): _____

2. Unit/Department: _____ Telephone: _____

E. What action (if any) has been taken so far? _____

F. What action (if any) do you suggest we take at this time? _____

G. Have you filed a complaint/grievance with any other agency? _____

If yes, with whom? _____

(If additional writing space is needed, you may write on the reserve side of this form or attach additional sheets.)

Signature of Complainant

Date