SLIPPERY ROCK UNIVERSITY
OFFICE OF DIVERSITY AND EQUAL OPPORTUNITY

Discrimination/Harassment Complaint

(Please Print)

1. Name: ____________________________ Status: Faculty ___
   Staff ___
   Student ___
   Other ___

   Local Address: ____________________________________________________________________

   Phone Number(s): ___________________________________________________________________

   Permanent Address: __________________________________________________________________

   Phone Number: _____________________________________________________________________

2. Alleged discrimination or harassment was based on: (Check those which apply)
   ___Race ___National Origin ___Disability
   ___Color ___Religion ___Sexual Orientation
   ___Gender ___Age ___Veterans Status

3. The alleged discrimination or harassment took place on, or about:

   ____________________________________________________________________________

   Month   Day   Year

   Check here if alleged discrimination or harassment is continuing.  ☐

4. Person(s) being charged: ________________________________________________

   Address(es) (if known): ________________________________________________

   Phone number(s) (if known): _______________________________________________

Link to Policies using this form: http://www.sru.edu/offices/diversity-and-equal-opportunity

Please contact the Office of Diversity and Equal Opportunity with any questions about completing this
form. Completed forms must be submitted to the Office of Diversity and Equal Opportunity, 305 Old
Main, 724-738-2016.
5. Describe briefly the act which occurred and your reason for believing that it was harassment or discrimination.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

6. Were there any witnesses to the alleged discrimination or harassment?

☐ No  ☐ Yes

Name(s) of witness(es) ________________________________________________________________

Address(es) of witness(es) (if known): _________________________________________________

________________________________________________________________________________________

Phone number(s) of witness(es) (if known): ____________________________________________

________________________________________________________________________________________

7. What specific events or facts can the witness(es) support? (Attach additional sheets if necessary).

________________________________________________________________________________________

________________________________________________________________________________________

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8. What proposed remedy or remedies might resolve your complaint? (Attach additional sheets if necessary).

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

9. Do you want this handled as an ☐ informal or as a ☐ formal complaint?

10. A. Have you filed this charge with a federal, state or local government agency?
☐ Yes When? _________________________________
    Month          Day          Year
☐ No

B. Have you instituted a suit or court action concerning this charge?
☐ Yes When? _________________________________
    Month          Day          Year
☐ No

C. Have you filed any other complaints or charges with any other office or individual at the university?
☐ Yes When? _________________________________
    Month          Day          Year
    With whom? _______________________________________
☐ No

I swear or affirm that the information I have given is true to the best of my knowledge, information and belief.

___________________________________________  ________________________
Signature                                      Date

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