**SLIPPERY ROCK UNIVERSITY**

**HUMAN RESOURCES AND COMPLIANCE DEPARTMENT**

**Discrimination/Harassment Complaint**

1. Name:

Status: Faculty  Staff  Student  Other

Local Address:

Phone Number:

Permanent Address:

Phone Number:

1. Alleged discrimination or harassment was based on: (check those which apply)

Race  National origin  Disability

Color  Religion  Sexual orientation

Gender  Age  Veteran status

1. The alleged discrimination or harassment took place on or about:

      (Month, Day, Year)

Check here if alleged discrimination or harassment is continuing.

1. Person(s) being charged:

Address(es) if known:

Phone number(s) if known:

1. Describe briefly the act which occurred and your reason for believing that it was harassment or discrimination.

1. Were there any witnesses to the alleged discrimination or harassment? Yes  No

Names of witness(es):

Address(es) of witness(es):

Phone number(s) of witness(es):

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

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

1. Do you want this handled as an  informal or as a  formal complaint?
2. 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: