

DISCRIMINATION COMPLAINT FORM

(For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Alienage, Ancestry, Disability (including Pregnancy), Veteran Status or Gender Identity or Expression)

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____

Location where such discrimination/harassment occurred _____

Name(s) of any witness(es) to the discrimination/harassment _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment _____

Proposed remedy _____