INCIDENT REPORT FORM

Complainant Information

☐ FORMAL
☐ INFORMAL

Name ___________________________________________________ Date ___________________________

Campus Address ______________________________________ Work Telephone: __________________

Home Address ________________________________________ Cell Phone: _______________________

City __________________________________________________ State ____ Zip ______________

Gender of complainant:

Email: ____________________________

Are you a ☐ student ☐ employee ☐ job applicant ☐ other ________________________________

Name of department: ____________________________________________

Name of immediate supervisor: ______________________________________

Name and title of person(s) charged: ___________________________________________

If you are a student and the alleged violation is against your professor and occurred while you were taking a class, please provide the semester, class title and section number. __________________________________________________________

Where did the alleged violation take place? ____________________________________________

Basis of alleged complaint:
☐ Age (40 and older) __________ Date of birth __________
☐ Disability __________________________________________
☐ Gender ____________________________________________
☐ National Origin _____________________________________
☐ Race/color: Specify ___________________________________
☐ Race by association ________________________________
☐ Religion __________________________________________
☐ Sexual Orientation _________________________________
☐ Age ______________________________________________
☐ Other ____________________________________________

Nature of charge:
☐ Access/accommodation ________________________________
☐ Discrimination ________________________________
☐ Harassment
                                                                         ☐ Sexual ☐ Racial
                                                                         ☐ Gender ☐ Other
                                                                         ☐ Hiring
                                                                         ☐ Intimidation/Retaliation
                                                                         ☐ Other ________________________________

Name of witnesses, if any. __________________________________________

Date of alleged violation: ____________________________

Have you brought this charge to anyone else’s attention?
☐ Yes, to whom ____________________________ ☐ No

01-25-2024
What action would you like taken?

Explain the nature of your complaint and indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. If necessary, please attach sheets of paper.

Complainant Signature

Date

PLEASE RETURN THE COMPLETED FORM TO THE OFFICE OF EQUAL OPPORTUNITY, 201 CARLOTTI BUILDING, MAIN CAMPUS. THIS FORM WILL BE RETAINED BY THE OFFICE OF EQUAL OPPORTUNITY. IF YOU HAVE ANY QUESTIONS OR REQUIRE A REASONABLE ACCOMMODATION TO COMPLETE THIS FORM, PLEASE CALL US AT 401-874-4929. TTY VIA R.I. RELAY: 711.

Person Receiving Complaint

01-25-2024