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 _______________
☐ 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
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, PLEASE CALL US AT 401-874-4929.

Person Receiving Complaint