

# 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

