THE UNIVERSITY OF RHODE ISLAND

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 a provide the semester, class title and section number	
Basis of alleged complaint: Age (40 and older) Date of birth Disability Gender National Origin Race/color: Specify Race by association Religion Other	 Discrimination Harassment Sexual Racial Gender Other Intimidation/Retaliation Other
	ate of alleged violation:
	Have you brought this charge to anyone else's attention?
	\Box Yes, to whom \Box 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