

**Nondiscrimination and Student Rights**

**Harassment Grievance Form**

**HARASSMENT/DISCRIMINATION GRIEVANCE FORM**

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Did the incidents involve: sexual harassment/discrimination, racial harassment/discrimination, harassment/discrimination because of age, harassment/discrimination because of color, national origin or ethnicity, harassment/discrimination because of disability, harassment/discrimination because of sexual orientation or perceived sexual orientation (*circle all that apply*).

Name of person you believe harassed or discriminated against you or another person:  
\_\_\_\_\_

If the alleged harassment/discrimination was toward another person, identify that other person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where did the incident occur? \_\_\_\_\_

\_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_  
has harassed/discriminated against me or another person. I hereby certify that the information I  
have provided in this complaint is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received