Name: ___________________________  Department: ___________________________  

Date: ___________________________  Phone: (w) ____________ (h) ____________  

Issue Regarding ____________________________________________________________

Please explain why you believe that you have been discriminated against or sexually harassed. When and Where did the incident(s) occur? Who was involved? Any other information. Attach additional sheets if necessary.

Others who may have knowledge or information:

Remedy Sought:

Complainant's signature