DISCRIMINATION COMPLAINT FORM
(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, alienage, ancestry, disability (including pregnancy), genetic information, veteran status or gender identity or expression)

Name of the complainant __________________________________________

Date of the complaint ___________________________________________

Date of the alleged discrimination/harassment _______________________

Name or names of the discriminator(s) or harasser(s) ________________

Location where such discrimination/harassment occurred ______________

__________________________

Name(s) of any witness(es) to the discrimination/harassment __________

________________________

Detailed statement of the circumstances constituting the alleged discrimination or harassment __________________________________________

Proposed remedy ________________________________________________

8/23/2019