

**OFFICE OF EQUAL OPPORTUNITY & TITLE IX**

DISCRIMINATION/HARASSMENT COMPLAINT REGISTER FORM

# COMPLAINANT:

Name: Date: Status: ☐ Faculty ☐ Staff ☐ Student ☐ Other (please specify) Department: Campus Address: Home Address: Telephone: (Work) (Other) PREFERRED contact information (Email and/or Phone):

## ALLEGATIONS: Complainant alleges discrimination and/or harassment on the basis of:

* Race ☐ Marital Status
* Color ☐ Disability
* Religion ☐ Sexual Orientation
* Sex/Gender ☐ Gender Identity/Expression
* National Origin/Ancestry ☐ Military/Veteran Status
* Age (40 years or older) ☐ Genetic Information
* Retaliation

Do the allegations involve sexual harassment? ☐ Yes ☐ No

# NATURE OF COMPLAINT:

* Formal ☐ Informal

On the next page, please provide information regarding the complaint you wish to register with this Office by responding briefly and clearly to each of the questions. You may also use a separate sheet of paper, if needed.

Please provide the name(s) and title(s) of the involved individual(s):

Precisely, what was said or done? Please include the date(s) and/or location(s) of the occurrence(s).

Why do you think this (these) incident(s) occurred?

Please provide specific details of any actions you took to address the behaviors (if applicable).

What action do you wish this Office to take as a possible means of correcting the behaviors or bringing about a mutually acceptable condition of this matter?

## Signature: Date:

*My signature serves as authorization for the Office of Equal Opportunity and Title IX to investigate this complaint of harassment and/or discrimination. I am also aware the next two levels of management will be notified of a formal investigation in accordance with Saint Louis University’s Policy on Harassment.*

*I am providing complete information regarding the incident(s) describe in order to assist in a thorough investigation. If there are any additions or changes to information being provided, I will furnish the information within five (5) days.*

Rev. August 2020