

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:

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Military/Veteran Status |
| <input type="checkbox"/> Age (40 years or older) | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> 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 Institutional Equity and Diversity 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.