Date: ______________________

Name of Complainant: ____________________________________________

Position: _________________________________________________________

Name(s) of Persons Alleged to Have Engaged in Discrimination or Harassment:

_________________________________________________________________

_________________________________________________________________

Date and Place of Incident(s): _______________________________________

_________________________________________________________________

Description of Discrimination or Harassment: ___________________________

_________________________________________________________________

_________________________________________________________________

Name(s) of Witnesses: _______________________________________________

Has this incident been reported previously? ______________________________

If yes, to whom? ____________________________________________________

Reasons for concern or dissatisfaction with initial complaint:

_________________________________________________________________

_________________________________________________________________

Received by: ______________________  Date: ______________________