## DISCRIMINATION, HARASSMENT, OR BULLYING COMPLAINT FORM NO. 102.E4

Date of Complaint:				
Name of Complainant (person completing form):				
Are you completing this for for yourself or someone else				
Name(s) and Position(s) of	f Alleged	Perpetrator/Respondent:		
Date(s) of Alleged Inciden	t(s):			
Location(s) of alleged incident	dent(s):_			
Name(s) of any witnesses:				
Nature of discrimination, h	narassmer	nt, or bullying alleged (checl	κ all that a	pply):
Age		Physical Attribute		Religion/Creed
Disability		Physical/Mental Ability		Sex
Familial Status		Political Belief		Sexual Orientation
Gender Identity		Political Party Pref.		Socio-Economic Background
Marital Status		Race/Color		Other (specify):
National Origin/Eth	nnic Back	ground/Ancestry		

	escribe what happened and why yo against, harassed, or bullied. Please essary.			
I agree that all of the informat	tion on this form is accurate and true	to the best of my knowledge.		
Signature:	Date:			
Approved 09/26/2016	Reviewed 12/13/21	Revised		