DISCRIMINATION, HARASSMENT, OR BULLYING COMPLAINT FORM NO. 104.E1

Date of Complaint:			
Name of Complainant (person completing form):			
Are you completing this for for yourself or someone els			
Name(s) and Position(s) of		Perpetrator/Respondent:	
Date(s) of Alleged Incident	t(s):		
Location(s) of alleged incid	. ,		
Name(s) of any witnesses:_			
Nature of discrimination, ha		nt, or bullying alleged (chec	
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	nic Back	ground/Ancestry	

In the space below, please describe what happened and why else has been discriminated against, harassed, or bullied. Pleattach additional pages if necessary.	y you believe that you or someone ease be as specific as possible and
I agree that all of the information on this form is accurate and	true to the best of my knowledge.
Signature: D	ate:
Approved: <u>09/26/2016</u> Reviewed: <u>12/13/21</u>	Revised:

Name	e of Witness:				
Date	of Interview:				
Date	of initial complaint:				
	e of complainant:	student o	or employee)		
Natur	re of discrimination, har	rassment	t, or bullying alleged (check	all that a _l	oply):
	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/Ethn	ic Backş	ground/Ancestry		
Descr					

I agree that all of the information	on on this form is accurate and	I true to the best of my knowledge.
Signature:	Γ	Oate:
Approved: <u>09/26/2016</u>	Reviewed: <u>12/13/21</u>	Revised: