



**INFORMAL EEO COMPLAINT FORM**

I, \_\_\_\_\_, do wish to bring an informal complaint of discrimination against \_\_\_\_\_ for the following reason(s):

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What relief are you seeking:

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I agree to have a university official(s) review and informally investigate the above statement(s).

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Official Signature

\_\_\_\_\_  
Date



**FORMAL EEO COMPLAINT FORM**

Date: \_\_\_\_\_

Name, Title & Department/Unit of Person receiving complaint:

\_\_\_\_\_

Name of & Department/Unit of Person filing the complainant

\_\_\_\_\_

Student \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_

A. \*Name, Title, & Department/Unit of Person(s) who discriminated against you? .

\_\_\_\_\_

B. \*How did discrimination take place? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. \*Where? \_\_\_\_\_

D. \*When? (Date and approx. time) \_\_\_\_\_

E. \*If more than once, how often? \_\_\_\_\_

F. \*What was your reaction/response? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

G.\*Witnesses? If so, who?

\_\_\_\_\_  
\_\_\_\_\_

H. \*What is your current relationship with the person(s) who allegedly discriminated against you ? Past, Present, etc.

\_\_\_\_\_

I. \*Has the person(s) who allegedly discriminated against you, informed you or suggested that negative consequences would occur if you reported discriminatory activity? If so, explain.

\_\_\_\_\_

J. \*Whom, if anyone, did you tell? \_\_\_\_\_

K. \*When? \_\_\_\_\_

L. \*Where? \_\_\_\_\_

M. \*What did you tell her/him? \_\_\_\_\_

\_\_\_\_\_

N\* What was her/his response? \_\_\_\_\_

\_\_\_\_\_

O. \*Do you think there might be other complainants? \_\_\_\_\_

P. \*Do you think you did anything to warrant? If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

Q. Do you think the alleged harasser misinterpreted any of your actions? \_\_\_\_\_

If so, describe the actions?

\_\_\_\_\_

\_\_\_\_\_

R.\*What relief are you seeking? \_\_\_\_\_

\_\_\_\_\_

My signature below indicates my willingness to have this complaint investigated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Official Signature

\_\_\_\_\_  
Date