



OFFICE OF EEO/AA & DIVERSITY – FORMAL COMPLAINT FORM (Complainant)

Date of Formal Complaint

Name of Person Filing Complaint (COMPLAINANT)

Contact Information

<i>Mailing address:</i>	<i>Phone Number:</i>
	<i>Email:</i>

Classification

- Student SPA Staff Faculty EPA Non-Faulty Other

This Person (Check one or both)

- Claims to be Aggrieved
- Is Filing on Behalf of Other(s) ***This action applies only to sexual harassment.***

CIRCUMSTANCES OF ALLEGED DISCRIMINATION and/or HARASSMENT

- Race Color Sex Religion National Origin Age Disability Retaliation
- Genetic Information Sexual Orientation Veteran Status Other

Name of Person Accused (RESPONDENT)

Classification

- Student SPA Staff Faculty EPA Non-Faulty Other

If the respondent, or accused, is an employee of WSSU, please provide their title and corresponding department:

Complaint Description *(Please provide names, dates, witness information, and other relevant information regarding the allegations. Please use additional paper if necessary.)*

The Office of EEO/AA & Diversity has my consent to conduct a full investigation into this matter.
(Applies only to sexual harassment.)

I have read the following WSSU policies on harassment and discrimination. *(Please check all that apply.)*

- Equal Employment Opportunity and Non-Discrimination Policy Statement
- Sexual Orientation Policy Statement
- Policy on Sexual Harassment
- Policy Statement on Racial Harassment
- Employment preference for Veterans Policy
- Improper Relations Policy
- Unlawful Workplace Harassment Policy

Signature of Complainant _____