



OFFICE OF EEO/AA & DIVERSITY –
HARASSMENT AND DISCRIMINATION FORMAL COMPLAINT FORM

Date of Formal Complaint

[Empty text box for Date of Formal Complaint]

Name of Person Filing Complaint (COMPLAINANT)

[Empty text box for Name of Person Filing Complaint]

Contact Information

Mailing address:	Phone Number:
	Email:

Classification

- Student
- SPA Staff
- Faculty
- EPA Non-Faculty
- 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)

[Empty text box for Name of Person Accused]

Classification

- Student
- SPA Staff
- Faculty
- EPA Non-Faculty
- Other

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

[Empty text box for title and 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 _____