

**Office for Institutional Equity
Complaint Form**

Name: _____ Email: _____
Phone: Home _____ Campus _____ Contact at Home/Campus : _____
(Circle One)

____ Student ____ Faculty _____ Classified ____ Other _____

Complaint Against: _____ Department: _____

Type of Complaint:

____ Race/Color ____ Disability __ National Origin ____ Veteran
____ Sex ____ Genetics ____ Age ____ Gender Identity
____ Sexual Orientation ____ Religion __ Retaliation ____ Gender Expression
____ Other

Date Reported to OIE: _____ Referred to OIE by: _____

Summary of Allegations:

Desired Resolution:

Prior Outside Action: ____ EEOC ____ OCRC ____ Other

_____ Date _____
OIE Signature

Date of Resolution: _____

Disposition
