

DISPOSITION OF COMPLAINT FORM

Date: _____

Date of Initial Complaint: _____

Name of Complainant (include whether the Complainant is a student or employee):

Date and place of alleged incident(s):

Name of Respondent (include whether the Respondent is a student or employee):

Nature of alleged discrimination, harassment, or bullying (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Color	<input type="checkbox"/>	Creed
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Race	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Political Belief
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Familial Status
<input type="checkbox"/>	Socioeconomic Status	<input type="checkbox"/>	Mental/Physical Ability/Disability	<input type="checkbox"/>	Other—Please Specify Below

Summary of Investigation (include additional pages if necessary): _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____