COMPLAINT OF DISCRIMINATION FORM

1. Please provide the following information for the person who was discriminated against:

NAME: ____________________________________________________________________

STREET ADDRESS: _________________________________________________________

CITY AND STATE: _______________________________________________________ ZIP CODE ___________

Best number to reach you: Home / Work / Cell / Other (_____) ______________________

E-mail address ___________________________________________________________

Please note that email is the preferred means of communication; unless directed otherwise, all correspondence will be sent via PDF to your email account.

2. If you are an employee or a student, please provide the following information:

STATUS (faculty, staff, resident, student, etc.): ________________________________

DEPARTMENT/SCHOOL: ____________________________________________________

SUPERVISOR (if applicable): _________________________________________________

3. Please identify the protected category on which you base your claim of discrimination:

☐ Race or Color ☐ National Origin/ethnicity/ancestry

☐ Disability ☐ Marital status/parental status

☐ Sex/sexual harassment/pregnancy ☐ Age

☐ Status as a veteran ☐ Sexual orientation

☐ Gender identity/gender expression ☐ Genetic information

☐ Retaliation because you filed a complaint or asserted your right ☐ Sexual assault/sexual violence
4. What date did the discrimination take place or begin? 

5. If this complaint is based upon a disability, please identify the disability: 

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. If this complaint is based on age, please state your age: Date of Birth: 

7. If you are filing a complaint of sexual harassment, sexual assault or sexual violence, please state the date or approximate time period when the harassment began, how many instances or acts have occurred, and is the behavior still continuing? 

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

8. Who do you allege discriminated against you? Please identify the department or person that engaged in the discrimination/harassment: 

NAME: 

STREET ADDRESS: 

CITY AND STATE: ZIP CODE 

PHONE NUMBER (AREA CODE): 

DEPARTMENT: 

9. Have you filed this complaint with any other Federal, State, Local Agency or any Federal, State Court, or administrative tribunal? (EEOC, OCR, Kansas Commission on Human Rights, University Police). 

Yes/No (circle one) 

If yes, when was the complaint filed and with what agency, court, or administrative tribunal. 

DATE FILED: 

AGENCY/COURT/TRIBUNAL: 

STREET ADDRESS: 

CITY AND STATE: ZIP CODE
10. Have you pursued resolution of your complaint through the internal grievance or any informal process with your department Yes/No (circle one)?

If yes, please describe what efforts have been made toward resolution:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. Please describe the alleged discrimination or harassment, including the dates the discriminatory action(s) occurred; name(s) of individual(s) who discriminated; witnesses (if any); and why you believe the discrimination was based on the protected category you indicated above, or why you believe the action was retaliatory, and provide the factual bases for your belief that discrimination has occurred (please attach additional pages if necessary).

________________________________________________________________________

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________________________________________________________________________

12. PLEASE SIGN: By your signature, you are attesting that you have submitted this complaint in good faith.

__________________________________________________________

SIGNATURE ___________________________ DATE ______________________