THE UNIVERSITY OF TOLEDO
OFFICE OF INCLUSION
DISCRIMINATION OR HARASSMENT COMPLAINT FORM

DO NOT SEND ELECTRONICALLY

PERSON ALLEGING DISCRIMINATION

NAME: ___________________________ TODAY’S DATE: ______________________

UNIVERSITY CLASSIFICATION: Faculty ☐ Staff ☐ Student – Undergraduate ☐

Student-Graduate ☐ Other ☐

CAMPUS PHONE #: ______________________ OTHER PHONE #: ______________________

EMAIL ADDRESS: ____________________________

TYPE OF COMPLAINT (CHECK ALL THAT APPLY):

HARASSMENT ☐ DISCRIMINATION ☐ RETALIATION / REPRISAL ☐

BASIS FOR COMPLAINT (CHECK ALL THAT APPLY):

Disability ☐ National Origin ☐ Age ☐ Sexual Harassment ☐ Sexual ☐

Veteran Status ☐ Race ☐ Religion ☐ Other ☐ (Please Specify): ______________________

1. WHEN did the incident(s) take place? __________________________

2. WHAT has occurred which leads you to believe you have been discriminated against and/or harassed and when did it occur? (Please be specific by including dates and times).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. WHERE did the incidents(s) occur and WHO do you feel is responsible for the alleged discrimination/harassing act/behavior? (Please provide the names and job titles of all individuals involved).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Office of Inclusion Date Stamp

For Office of Inclusion Use Only

Secure File # _____________

Confirmation: _____________

I. ☐ III. ☐

II. ☐
4. **WHY** do you feel the alleged behavior/incident(s) is discriminatory or of a harassing nature? Explain.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

5. Please list all witnesses that may have heard or seen the incident(s) and the names and job titles of others who were not witnesses but might be able to support your allegations of discrimination/harassment. Please include job title, department and phone number.

<table>
<thead>
<tr>
<th>Name of Witness(s)</th>
<th>Job Title</th>
<th>Department</th>
<th>Work Phone #</th>
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6. Do you have any documentation to support your claim of discrimination or harassment?  
[ ] YES  [ ] NO  If yes, please photocopy and attach to this complaint form.

7. Have you tried to address the situation within your department, Human Resources, the Union, or other? If yes, please provide the names and job titles of the persons you talked to, the date you talked to them and what was done.

_________________________________________________________________________________

_________________________________________________________________________________

8. What type of relief are you seeking?  

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I agree that in signing this document, I have notified the University of Toledo of a situation I believe to be inappropriate. Further, I understand that by signing this document, I give my permission to the University of Toledo and its agents the authority to fully investigate the incident(s) I have described and I will cooperate with the investigation fully.

Signature:______________________________ Date: ___________________

Received by: ____________________________ Date: ___________________

Revised: 9/19/2013