

**THE UNIVERSITY OF TOLEDO  
OFFICE OF INSTITUTIONAL DIVERSITY  
DISCRIMINATION OR HARASSMENT COMPLAINT FORM**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF HIRE (If applicable): \_\_\_\_\_ JOB TITLE (If applicable): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

SHIFT: \_\_\_\_\_ INTERVIEWING SUPERVISOR: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_

**TYPE OF COMPLAINT:**

- Disability       National Origin       Age       Sexual Harassment       Sexual Discrimination  
 Veteran Status       Race       Religion       Retaliation/Reprisal       Other

**1. 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).

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**2. 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).

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

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4. 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.

Name of Witness(s)	Job Title	Department	Work Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. 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.

6. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What type of relief are you seeking?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**  
I understand that to the fullest extent possible my identity and the identity of the person accused will remain confidential. I further understand that during the course of the investigation process, it will likely become necessary to disclose my identity to the person being accused. 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.

**PLEASE HAND DELIVER THIS COMPLETED FORM TO THE APPROPRIATE OFFICE: OFFICE OF INSTITUTIONAL DIVERSITY, HUMAN RESOURCES, OFFICE OF STUDENT LIFE OR OFFICE OF STUDENT JUDICIAL AFFAIRS AND ASK TO SPEAK WITH SOMEONE WHO IS KNOWLEDGEABLE ABOUT THE COMPLAINT PROCESS. DO NOT SEND ELECTRONICALLY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: 11/7/06