

# Discrimination Complaint Form

Date of File

**Instructions:** Use this form to file a claim of discrimination based on a protected category or a claim of retaliation for participation in a discrimination complaint process.

Complete and return this form to the SED Office of Diversity and Access.

## Section 1: Complainant Information

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Region/Facility** \_\_\_\_\_ **Work Schedule (days/hours)** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

## Section 2: Supervisory Information

**Immediate Supervisor Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**2nd Level Supervisor Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

## Section 3: Details of Claim

**A. Your claim of discrimination is based upon membership in the following protected category (check all that apply):**

Race	Disability	National Origin/Ethnicity	Predisposing Genetic Characteristics
Age	Religion/Creed	Domestic-Violence-Victim-Status	Color
Military Status	Criminal Conviction/Arrest Record	Marital/Family Status	Sexual Orientation
Sex/Gender Identity	HIV/AIDS Status		

**B. The specific type of discrimination you believe you were subject to, if applicable (check all that apply):**

Harassment  
Hostile Work Environment  
Sexual Harassment  
Retaliation

**C. Your claim of discrimination is made against:**

**Name 1** \_\_\_\_\_ **Title** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Relationship to you:** Supervisor   Co-worker   Subordinate   Other  $\longrightarrow$  Please Specify:

**Continued  $\longrightarrow$**

