Social Equity Complaint Form

Complete this and return the form to the Equity Office (OM 200)

Shippensburg University
Equity Office

PLEASE PRINT OR TYPE – ATTACH EXTRA SHEETS IF NECESSARY

1. Name: __________________________________________________________
   Street Address: _________________________________________________
   Zip Code: _____________________________________________________
   Home Phone: _________________________ Work Phone: _______________

2. Identify the Respondent(s) and/or Department you allege discriminated against you.
   Name of Respondent: __________________________________________

3. Indicate the basis of the complaint:
   □ Age
   □ Disability
   □ Family Medical Leave Act
   □ Gender
   □ Marital Status
   □ Pregnancy
   □ Other _________________
   □ Race/Color/Ethnicity
   □ Religion
   □ Retaliation
   □ Sexual Orientation
   □ Veteran’s Status
   □ Whistleblower

   NOTE: If your complaint is not related to one of the above prohibited discrimination and harassment categories, upon your consultation with the Equity Office, your complaint may be directed to SU’s Human Resources Department or another appropriate office.

4. Briefly explain the complaint, discrimination and/or harassment you believe happened.
   a. On what date(s) did the alleged discriminatory act(s) occur? _________________
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________

   b. Explain the incident that occurred: ___________________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
c. List the name and position title of the person(s) who witnessed the conduct or incident.

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5. Did anyone in the department give an explanation for the alleged improper conduct?

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________________________________________________________________________

6. Have you attempted to resolve your complaint? If so, with whom? What is the status of the complaint?

________________________________________________________________________

________________________________________________________________________

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7. What would you like to see happen (for you, for others) with respect to the alleged incident(s).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

8. Include any documentation that you believe is relevant to your complaint.

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________________________________________________________________________

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________________________________________________________________________

Complainant’s Signature: ___________________________ Date: ___________________