



Policy 104.1-E5 Discrimination Disposition of Complaint Form

Today's Date: _____

Name of Complainant (include whether the complainant is a student or employee):

Date of Initial Complaint: _____

Date and Place of Alleged Incident: _____

Name of Respondent (Include whether the respondent is a student, employee, or volunteer):

Nature of alleged discrimination (Check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Marital Status	Other – Please specify below:
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sex	
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sexual Orientation	
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender Identity	
<input type="checkbox"/>	Race	<input type="checkbox"/>	Political Party Preference	
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Political Beliefs	
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Socioeconomic Status	
<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Familial Status	
<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Pregnancy	
<input type="checkbox"/>	Physical/Mental Ability or Disability	<input type="checkbox"/>	Military Status	

Summary of Investigation: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Equity Coordinator's Signature: _____ **Date:** _____