

EDINBORO UNIVERSITY COMPLAINT FORM

Formal Informal

Complainants may use this form to file a complaint of unlawful or prohibited harassment, intimidation, bullying, discrimination and vandalism including sexual harassment. You may mail, fax, or email the form to the Office of Social Equity.

COMPLAINANT: Faculty Student Staff Service Provider Visitor/Guest Other

Name	Email
Address	Work Phone
	Cell Phone
	Home Phone

ALLEGED RESPONDENT: Faculty Student Staff Service Provider Visitor/Guest Other

Name	Email
Office Address	Work Phone
	Cell Phone
	Home Phone

DETAILED ALLEGATIONS Description of Events: Please describe the events that cause you to believe the University's policy has been violated. In addition to your description of what happened, please also provide information on who was involved, and dates on which the events occurred. **Basis for complaint (check all that apply)**

- | | | | |
|--|---|-----------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Color | <input type="checkbox"/> Organizational Affiliation |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation/Gender Stereotype |
| <input type="checkbox"/> Other | | | |

Allegations:
Date:
Time:
Location:
Description:
Date:
Time:
Location:
Description:
Date:
Time:
Location:
Description:

Complainant has discussed this action and requested relief from the alleged violator: **YES** **NO**

Describe what steps, if any, have been taken for relief:

What measurements have you taken or plan to take?

Notify Police **Medical Test(s)** **Hospitalization** **Photographs** **Other** _____

Do you have any safety concerns? **YES** **NO** If yes, state your concerns: _____

Witnesses: If there are witnesses who have personal knowledge of or who observed the events that you have describe, please complete the following information on the witnesses:

Name	Email
Address	Work Phone
	Cell Phone
	Home Phone
Name	Email
Address	Work Phone
	Cell Phone
	Home Phone
Name	Email
Address	Work Phone
	Cell Phone
	Home Phone

Please provide any additional information you feel is relevant to this complaint.

Requested Remedy: How would you like this matter resolved?

ATTESTATION:

I, _____ (name) believe the above information and facts are true to the best of my knowledge.

Complainant Signature

Date

Mail completed form to: Office of Social Equity, Edinboro University
 219 Meadville Street, Reeder Hall, Room 312
 Edinboro, PA 16444

Or email completed form to: equalopportunity@edinboro.edu

Or fax completed form to: 814-732-2153