



Complaint Form for Discrimination, Harassment and Retaliation

Instructions: This complaint form is for use by individuals who wish to file a complaint of Discrimination, Harassment and/or Retaliation under DePaul University's *Anti-Discrimination and Anti-Harassment Policy*, and *Non-Retaliation Policy*. Please fill in all of the information requested below as completely as possible and attach additional pages to this form, as necessary. **Please submit completed form to EEO_investigations@depaul.edu**

1. Please provide your personal information.

First Name	Last Name
Email/Phone	ID

2. Status Student Faculty Staff Other (please explain) _____

3. Are you reporting this complaint about someone else? YES NO

a.) If yes who do you believe was discriminated against?

First Name	Last Name
Relationship to you	Contact info if available

4. Indicate the nature of the conduct that is the basis of your complaint (check all that apply):

Discrimination Harassment Retaliation

5. Please indicate the protected status(es) that are the basis of this complaint?

6. Please describe the action(s) that you alleged to be in violation of DePaul University's *Anti-Discrimination and Anti-Harassment Policy*, and *Non-Retaliation Policy*. (Attach additional pages if needed)

Date	Action (Ex. I was suspended)	Name/Title of Person(s) Responsible

7. Is the alleged behavior continuing?

Yes No



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8. Why do you believe these actions are indicative of discrimination, harassment or retaliation? (Attach additional pages if needed)

9. Have you previously reported the actions(s) you believe to be discrimination, harassment, and/or retaliation to someone at DePaul? If so, identify the office, and or/individual, the date(s), and describe the results.

10. Identify any individuals who may have witnessed the conduct that is the basis of your complaint:

Witness Name	Contact information

By signing below, I acknowledge that these statements accurately represent the nature of my complaint, and previous resolution efforts and desired outcome.

Signature: _____ **Date:** _____

For University use only:

Date Received: _____

Received by (name and title) _____