

# ADM Discrimination, Anti-Bullying, and Anti-Harassment Complaint Form

Date of Complaint (Please list today's date in the box below)	Name of Complainant (Please list your name in the box below)
Today's Date:	Your Name:

Are you filling this form out for yourself or someone else? (Please identify the individual if you are submitting on behalf of someone else)
<input type="checkbox"/> I am filling this form out for myself <input type="checkbox"/> I am filling this form out on behalf of someone else <ul style="list-style-type: none"> <li><input type="radio"/> Please name the individual who you are filling this out for:</li> </ul>

Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)? (Please write your response below)

Date of Alleged Incident(s) (Please list the date(s) below)	Place of Alleged Incident(s) (Please list the place(s) below)

Names of any witnesses (if any): (Please list the names below)	Nature of discrimination, harassment, or bullying alleged (Please check all that apply)	
	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Familial Status <input type="checkbox"/> Gender Identify <input type="checkbox"/> Marital Status <input type="checkbox"/> Nation Origin/Ethnic Background/ Ancestry <input type="checkbox"/> Physical Attribute	<input type="checkbox"/> Physical/Mental Ability <input type="checkbox"/> Political Belief <input type="checkbox"/> Political Party Preference <input type="checkbox"/> Race/Colore <input type="checkbox"/> Religion/Creed <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Socio-economic Background
Other (Please Specify):		

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

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

Signature:

Date: