



Complaint of Discrimination

Complainant Information:

Name _____ College Phone _____ Home Phone _____

Local Address _____

Social Security Number _____

Relationship to College: Student _____ Faculty _____ Staff _____ Other _____

Department: _____ Campus: _____

Basis of discrimination (check all that apply):

Race _____

Color _____

Sex (including sexual harassment and pregnancy) _____

Religion _____

National Origin or Ancestry _____

Disability _____

Age _____

Sexual Orientation _____

Status as a disabled or Vietnam-era veteran _____

Retaliation _____

Other _____

I checked the above basis for discrimination because I am _____ and the Respondent is _____.

Remedy Complainant is seeking: _____

Respondent Information:

Name _____ College Phone _____ Home Phone _____

Local Address _____

Social Security Number _____

Relationship to College: Student _____ Faculty _____ Staff _____ Other _____

Department: _____ Campus: _____

Complaint Form (page 2 of 2)

Please use the below space to articulate your concerns. You should include the date(s), name(s) of those involved as well as where the incident(s) took place. In addition, please list witness information to include names as well as contact information and explain what information each witness can provide that would benefit the investigation of your complaint. (Attach additional pages as necessary).

Complainant Signature

Site Advisor/EEO Representative
Signature

Date

Date

Return Form Marked Confidential To:
Office of Affirmative Action and Diversity
700 Carnegie Avenue
Cleveland, Ohio 44115-2878