

The Complaint Form will be forwarded to the General Counsel

COMPLAINANT:

Last name, First name: _____

Please choose one of the following options:

☐ Student ☐ Employee ☐ Faculty ☐ Manager ☐ Other (*to specify*)

RESPONDENT:

Last name, First name: _____

Please choose one of the following options:

☐ Student ☐ Employee ☐ Faculty ☐ Manager ☐ Other (*to specify*)

LOCATION :

DATE :

DESCRIPTION OF EVENT(S):

☐ I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature

Date

**PLEASE NOTE THAT THIS INFORMATION WILL BE COMMUNICATED TO THE RESPONDENT(S).
THIS DOCUMENT IS STRICTLY CONFIDENTIAL**