Harassment/Discrimination Complaint Form

Please refer to IRSC’s Non-Discrimination and Non-Harassment Policy Violation Reporting Procedures AP-3.131 for more information related to the complaint process.

(Please Print or Type)

Today’s Date: ________________

COMPLAINT INFORMATION

Name: ______________________________________________

Mailing Address: ____________________________________________________________________

Phone Number: _____ - _____ - _______   Email: ___________________

Status: (Check one)   ___ IRSC Employee ___ IRSC Student___ IRSC Applicant   ___ Other (please specify):

____________

Indicate the ground(s) on which you are making your complaint of harassment/ discrimination

<table>
<thead>
<tr>
<th>Race</th>
<th>Color</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Gender</td>
<td>Disability</td>
</tr>
<tr>
<td>Age</td>
<td>National Origin</td>
<td>Veteran Status</td>
</tr>
<tr>
<td>Genetic Information</td>
<td>Ethnicity</td>
<td>Sex</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Pregnancy</td>
<td>Sexual Misconduct (Sexual Assault, Sexual Battery and Other Crimes of violence)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Retaliation

Please describe the nature your complaint in detail. If needed, attach an additional page.
Describe how you would like the complaint to be resolved. Be as specific as possible

Identify others who may have observed or witnessed the incidents(s) that you described.

I certify that the above (and any of my attached statements) are true and correct.

(Your Signature)

For Office Use Only:

Date Received: _________________ Received by: ______