## **Central Connecticut State University**

## Discrimination/Harassment Complaint Form

Name of Complainant:	:		Date:			
Address:						
City:		State:	Zip Code:			
Work Phone:		Home Phone:				
Cell Phone:		Email:				
C#oy '�':		Email :				
Sex:	□ Male	Female	Other			
Your status:	☐ Student	Faculty/Staff	External (Non-Campus			
Type of Complaint:	☐ Discrimination	Harassment	Retaliation			
I was discriminated/h	arassed/retaliated again	st on the basis o	f my:			
Gender Identity Genetics Intellectual Disa Learning Disabi	Ancestry Color Criminal Record (State Employment) Gender Identity or Expression Genetics Intellectual Disability Learning Disability Physical Disability		Mental Disorder Marital Status National Origin Sex ( including pregnancy or sexual harassment) Sexual Orientation Race Religious Creed Retaliation Veteran Status			
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## Name of Respondent: Address: City: Zip: State: Sex: Male Female Work Phone: Other: Home/Cell Phone: Status: Student Faculty Staff External (Non-campus) Specify Name of k : Address: City: Zip: State: Work Phone: Sex: Male Female Home/Cell Phone: Other: Faculty External (Non-campus) Status: Student Staff Specify Name of Witness: Address: City: State: Zip: Sex: Male Female Work Phone: Home/Cell Phone: Other: Status: Student Faculty Staff External (Non-campus)

Specify

I believe that I was discriminated/harassed/retaliated against by:

Name o	of ‡						
Address	s:						
City:				State:	Zip:		
Sex:	Male	Female	Work Ph	Work Phone:			
	Other:		Home/Co	Home/Cell Phone:			
Status:	Student	Faculty	Staff	<del>1##########</del>	#External (Non-campus)		
				Specify			
Name o	of Witness :						
Address	s:						
City:				State:	Zip:		
Sex:	□ Male	Female	Work P	hone:			
	□ Other:		Home/0	Cell Phone:			
Status:	☐ Student	Faculty	Staff		Externall (Non-campus)		
				Specify			
Name o	of Witness :						
Address	s:						
City:				State:	Zip:		
Sex:	Male	Female	Work Ph	ione:			
	□ Other:		Home/C	Cell Phone:			
Status:	□ Student	Faculty	Staff		External (Non-campus)		

Specify

Explain your complaint in detail. Include the following information. Add additional pages if necessary. Attach documents you believe may be helpful in investigating your complaint.

- 1. Describe the specific incident(s) of discrimination/harassment/retaliation. List dates, times, locations, names, and titles of the people involved in the incident(s).
- 2. Explain why you believe that you were discriminated/harassed/retaliated against because of your protected class status (race, age, sex, disability, etc.)
- 3. Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, sex, disability, etc.) of each person.

Remedy Sought:		
Signature	Date:	

## Please return form to:

Central Connecticut State University Office for Equity & Inclusion Davidson Hall, room 119 1615 Stanley St. New Britain, CT 06050

If you have additional questions or to schedule an appointment, call **860-832-1652**.