



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

**Name of Respondent :**

Address:

City: State: Zip:

Sex: Male Female Work Phone:

Other: Home/Cell Phone:

Status: Student Faculty Staff External (Non-campus)

*Specify*

**Name of k :**

Address:

City: State: Zip:

Sex: Male Female Work Phone:

Other: Home/Cell Phone:

Status: Student Faculty Staff External (Non-campus)

*Specify*

**Name of Witness :** \_\_\_\_\_

Address:

City: State: Zip:

Sex: Male Female Work Phone:

Other: Home/Cell Phone:

Status: Student Faculty Staff External (Non-campus)

*Specify*

**Name of ‡**

Address:

City: State: Zip:

Sex: Male Female Work Phone:

Other: Home/Cell Phone:

Status: Student Faculty Staff ##### External (Non-campus)

*Specify*

**Name of Witness :**

Address:

City: State: Zip:

Sex:  Male Female Work Phone:

Other: Home/Cell Phone:

Status:  Student Faculty Staff External (Non-campus)

*Specify*

**Name of Witness :** \_\_\_\_\_

Address:

City: State: Zip:

Sex: Male Female Work Phone:

Other: Home/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.

If more space is needed please attach to this form.

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**.