

DISPOSITION OF COMPLAINT FORM

Date: _____

Date of initial complaint: _____

Name of Complainant (include whether the Complainant is a student or employee): _____
_____Date and place of alleged incident(s): _____

_____Name of Respondent (include whether the Respondent is a student or employee): _____

Nature of discrimination, harassment, or bullying alleged (check all that apply):

☐	Age	☐	Physical Attribute	☐	Sex
☐	Disability	☐	Physical/Mental Ability	☐	Sexual Orientation
☐	Familial Status	☐	Political Belief	☐	Socio-economic Background
☐	Gender Identity	☐	Political Party Preference	☐	Other – Please Specify:
☐	Marital Status	☐	Race/Color	☐	
☐	National Origin/Ethnic Background/Ancestry	☐	Religion/Creed	☐	

Summary of Investigation: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Reviewed: 01/09/2017

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