



**Equity and Access Office**

**COMPLAINT FORM**

**I. TYPE OF COMPLAINT:** On what basis do you believe you were discriminated against?

Check all that apply:

- RACE/COLOR**
  - Native American/Alaskan Native
  - Black/African American
  - Hispanic/Latino
  - Asian/Pacific Islander
  - White/Other
- SEXUAL HARASSMENT**
- VETERAN STATUS**
- NATIONAL ORIGIN**
- GENDER:**  Female  Male
- AGE:**  Over 40
- RELIGION**
- RETALIATION**
- DISABILITY:**  Reasonable Accommodation  Accessibility
- GENDER IDENTITY**
- SEXUAL ORIENTATION**
- OTHER:** \_\_\_\_\_

**II. PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_  
 Message Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

**III. RELATIONSHIP TO NAU:**

- Faculty
- Student Applicant
- Service Professional
- Academic Professional
- Student Worker
- Teaching or Graduate Assistant
- Classified Staff
- Administrator
- Other: \_\_\_\_\_
- Student
- Job Applicant

**IV. EMPLOYEE/STUDENT INFORMATION:**

Date of Hire/ Year in School: \_\_\_\_\_ Job Title/ Major: \_\_\_\_\_  
 College/ Department: \_\_\_\_\_

**V. PERSON(S) YOU BELIEVE ARE DISCRIMINATING AGAINST YOU:**

Name	Department	Position

**VI. PERSONS YOU BELIEVE MAY HAVE KNOWLEDGE OF THE DISCRIMINATORY TREATMENT YOU RECEIVED:**

Name	Department	Position	Phone

**VII. BRIEFLY DESCRIBE HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST:**

**(For each incident provide: date, location, and incident description including names of persons involved)**

ATTACH ALL RELEVANT DOCUMENTATION

**VIII. ACTIONS YOU HAVE TAKEN TO DATE:**

- Advised Supervisor/Advisor/Professor  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Results: \_\_\_\_\_
- Advised Director/Department Head  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Results: \_\_\_\_\_
- Advised Dean/Vice President  
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Results: \_\_\_\_\_

<b>Contacted</b>	<b>Filed Internal Procedure</b>	<b>Filed with External Agency</b>
Select contact 1	Select internal procedure 1	External agency 1
Select contact 2	Select internal procedure 2	External agency 2
Select contact 3	Select internal procedure 3	External agency 3
Select contact 4	Select internal procedure 4	External agency 4

If filed with the EEOC, please provide the case #: \_\_\_\_\_  
If other, please indicate the agency: \_\_\_\_\_

**IX. WHAT WOULD YOU CONSIDER APPROPRIATE RESOLUTION TO YOUR COMPLAINT? (Please address below):**

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_