

**UNIVERSITY OF WISCONSIN - EAU CLAIRE**  
**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION COMPLAINT FORM**

Your Name:

Your telephone number:

1. Are you:

Faculty  Academic Staff  Classified Staff  Student  Other

2. Nature of the complaint:

Race/Color	<input type="checkbox"/>	Parental Status	<input type="checkbox"/>	Sex/Gender	<input type="checkbox"/>
National Origin	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>
Marital Status	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Other Harassment	<input type="checkbox"/>
Creed	<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Other	<input type="checkbox"/>

3. Dates on which the discrimination or harassment occurred:

4. List any potential witnesses:

5. Describe the incident(s). Be as detailed as possible. Include such information as where and when the discrimination occurred and who was involved as a perpetrator or witness.

6. Have you discussed this situation with the person(s) involved? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? If yes, what was the response?

7. Have you discussed this situation with the person's or your supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? If yes, who was the supervisor and what was his or her response?

8. Please give any additional information which you feel would be helpful to the University in investigating this/these incident(s).

9. How would you like to see this issue resolved?

10. Have you filed a complaint/grievance with any other entity? If yes, with whom?

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Received by Affirmative Action Office \_\_\_\_\_ Date \_\_\_\_\_

By: \_\_\_\_\_ (print name)

---

Investigation Authorized  Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Summary of Results:

Formal Hearing Authorized  Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Summary of Results:

Recommendations of hearing committee forwarded to Provost

\_\_\_\_\_ Date \_\_\_\_\_  
Affirmative Action Office  
By: \_\_\_\_\_ (print name)