

DISPOSITION OF COMPLAINT FORM

Code No. 104.E3

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):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Marital Status
<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed
<input type="checkbox"/>	Other - Please Specify:				

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: _____