



Office of Affirmative Action and Equal Opportunity

Oregon State University, 526 Kerr Administration Building, Corvallis, Oregon 97331-2139

T 541-737-3556 | F 541-737-0712 | <http://oregonstate.edu/dept/affact/>

Committed to promoting success for the entire campus community through equality, fairness, and understanding

Complainant:

Date: _____

Name: _____ Signature: _____

Mailing Address: _____ Phone: _____

Email Address: _____

Faculty _____; Staff _____; Student _____; Other (specify): _____

Respondent:

Name of Person or Group the Complaint is Against: _____

Mailing Address: _____

Faculty _____; Staff _____; Student _____; Other (specify): _____

Complaint Details:

Date & Time: _____ Place: _____

Witnesses: _____

What Happened: _____

(Note: Please use back of form if additional space is needed.)

Basis of Complaint: Age ___; Color ___; Disability ___; Gender Identity ___; Marital Status ___; National Origin ___;

Race ___; Religion ___; Retaliation ___; Sex ___; Sexual Harassment ___; Sexual Orientation ___; Veteran Status ___

Type of Complaint:

Informal: _____ Formal: _____

What would you like to see happen (for you, for others) with respect to the alleged discrimination?

(For office use only)

Resolution _____

Date Completed _____ Signed _____