Discrimination & Harassment Complaint Form

This form is to be used to file a charge of discrimination and/or harassment based on race, color, sex, religion, national origin, age, disability, genetic information, sexual orientation, gender identity, gender expression, pregnancy, marital status, military status, veteran status, or any other factors protected by federal, state, or local law, including the Violence Against Women Reauthorization Act of 2013, which addresses campus sexual assaults, domestic violence, dating violence, and stalking.

Complainant Information

Complainant Name: ________________________________
First, Last
Title

Respondent(s) Name: ________________________________
First, Last
Title
First, Last
Title

Complainant Contact Information

Email Address: ________________________________

Telephone: (___) _________ Work (___) _________ Cell

University Status: □ Staff □ Faculty □ Student □ Applicant □ Other

Supervisor’s Contact Information

Name: ________________________________
First, Last
Title
(____) _________ Phone

Witness Information

Witness Name(s): ________________________________
First, Last
Phone
(____) _________ Phone
First, Last

Alleged Discrimination/Harassment

□ Age □ Genetic Information □ Retaliation
□ Color □ Marital Status □ Sex
□ Dating Violence □ Military Status □ Sexual Assault
□ Disability □ National Origin □ Sexual Harassment
□ Domestic Violence □ Pregnancy □ Sexual Orientation
□ Gender Expression □ Race □ Stalking
□ Gender Identity □ Religion □ Veteran Status
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Description of act(s) that occurred and your reason(s) for concluding it was discriminatory:

What action, if any, are you requesting?

By signing below, you acknowledge that you have read this document and that your statements contained in it are true and accurate to the best of your recollection. If you learn about new or additional information that changes what you reported, you agree to notify OIE. By signing below, you acknowledge that providing false, inaccurate, or misleading information to OIE may be a violation of Tulane’s Equal Opportunity/Anti-Discrimination Policies and may result in discipline, ranging from a warning to dismissal. You also understand that if you have requested anonymity, Tulane University’s ability to thoroughly address your complaint may be limited and that even though you may have requested anonymity, your request may not be honored if the safety of others may be compromised. Finally, you understand that if you have any questions regarding any of this information, including the filing of this form and confidentiality, it is your responsibility either to ask or to review Tulane’s policies.

Signature: ___________________________ Date: ____________________

200 Broadway Street, Suite 105-A, New Orleans, LA 70118  fax (504) 862-8220  tel (504) 862-8083
www.institutionalequity.tulane.edu
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