

# THE CITADEL

## DISCRIMINATION COMPLAINT FORM

Name of Person Making Complaint:		Department/Activity:																
Position/Title:		Daytime Phone:	Evening Phone:															
Name of Person Accused of Wrongdoing: (If more than one, complete form on each)		Department/Activity:																
Position/Title of Accused:	Location of the Incident:	Date and Time of Incident (Indicate AM/PM):																
Age Range: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> &lt; 20</td> <td style="width: 50%;"><input type="checkbox"/> 41-50</td> </tr> <tr> <td><input type="checkbox"/> 21-30</td> <td><input type="checkbox"/> 51-60</td> </tr> <tr> <td><input type="checkbox"/> 31-40</td> <td><input type="checkbox"/> &gt; 61</td> </tr> </table>	<input type="checkbox"/> < 20	<input type="checkbox"/> 41-50	<input type="checkbox"/> 21-30	<input type="checkbox"/> 51-60	<input type="checkbox"/> 31-40	<input type="checkbox"/> > 61	Ethnicity: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> American Indian</td> <td style="width: 33%;"><input type="checkbox"/> Hispanic</td> <td style="width: 34%;"><input type="checkbox"/> Gender: Male</td> </tr> <tr> <td><input type="checkbox"/> Asian or Pacific Islander</td> <td><input type="checkbox"/> Non-Resident Alien</td> <td><input type="checkbox"/> Female</td> </tr> <tr> <td><input type="checkbox"/> Black, Non-Hispanic</td> <td><input type="checkbox"/> White, Non-Hispanic</td> <td></td> </tr> </table>	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Gender: Male	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Female	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> White, Non-Hispanic			
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Name(s) of Witnesses: (If any)																		
Please describe the actions of all person(s) involved in full detail, including yourself. (Use additional sheets if required)																		
Have you discussed this incident with the person involved?																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 90%;">Date, time, and location of this discussion: RESPONSE:</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td>Why not?</td> </tr> </table>				<input type="checkbox"/> Yes	Date, time, and location of this discussion: RESPONSE:	<input type="checkbox"/> No	Why not?											
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<input type="checkbox"/> No	Why not?																	
Have you discussed this incident with the person's supervisor?																		
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<input type="checkbox"/> Yes	Date, time, and location of this discussion: RESPONSE:																	
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Have you discussed this incident with your supervisor or the appropriate Citadel administrator?																		
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Please list any additional information that you feel would be helpful to The Citadel in investigating your complaint.																		
The above summation of my complaint is accurate to the best of my knowledge.		Name and title of person taking this report:																
_____ Employee/Student Signature	_____ Date	_____ Signature	_____ Date															