



DISCRIMINATION COMPLAINT FORM

Auburn University recognizes its ethical and legal obligation to provide work and educational environments in which employment and educational opportunities are open to all qualified individuals without discrimination on the basis of race, color, sex, age, religion, national origin, disability, covered veteran status, or genetic information. As a matter of policy, the University also prohibits discrimination on the basis of sexual orientation.

Employees or students who feel they have been victims of discrimination or harassment should notify the office of AA/EEO and supply the following information:

Status of Complainant: (Check one) () Faculty () Staff () Student () Admin. /Professional () Applicant for Employment

Name: _____ Department _____ Position Title _____

Home Address: _____ Home Phone: _____

Campus Address: _____ Campus Phone _____

Type of alleged discrimination: () Race () Color () Sex/Gender () Age () Religion () National origin () Disability () Veteran Status () Sexual Orientation () Genetic Information () Retaliation _____

Name of Person(s) who discriminated against you: _____

Department: _____ Position: _____

Campus Address: _____ Campus Phone: _____

Other employees involved: _____

Name of witnesses: _____

Summary of alleged complaint:

(If additional writing space is needed, you may write on the reverse side of this form or attach additional sheets.)

What action, if any, have you taken so far? _____

What resolution do you seek? _____

Have you filed a complaint with any other office on or off campus? _____ If yes, with whom and when? _____

Signature of Complainant

Date