

DISPOSITION OF COMPLAINT FORM

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"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

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: \_\_\_\_\_