

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 alleged (check all that apply):

<input type="checkbox"/>	Race	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Age
<input type="checkbox"/>	Sex	<input type="checkbox"/>	Actual or potential parental, family or marital status
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Pregnancy or related conditions
<input type="checkbox"/>	Creed	<input type="checkbox"/>	

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: _____