



**FORMAL COMPLAINT FORM**

**COMPLAINANT:**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Cellular Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**FUS AFFILIATION:** Faculty Staff Student Other (If other, please explain) \_\_\_\_\_

**NATURE OF COMPLAINT: (Check one or more that apply)**

**Discrimination Discriminatory Harassment Sexual Misconduct Retaliation**

If other, please explain:

**DATE OF INCIDENT:** \_\_\_\_\_

**LOCATION OF INCIDENT:**

Campus building (Please specify) \_\_\_\_\_

Residence Hall (Please specify) \_\_\_\_\_

Campus grounds (Please specify) \_\_\_\_\_

Off-campus (Please specify) \_\_\_\_\_ - \_\_\_\_\_

**ACCUSED PERSON: (Please complete all known information)**

**FUS AFFILIATION:** Faculty Staff Student Other (If other, please explain) \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Cellular Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Email address \_\_\_\_\_

**DESCRIPTION OF COMPLAINT:** Be as specific as possible as to what happened. (Attach additional pages and/or any supporting documentation as necessary.) ATTACHMENT:

**PREVIOUS ACTION:** Have you brought this matter to the attention of any other department(s) at the university or to any law enforcement agencies? If so, please list the name(s) and department(s) and/or agencies of all other persons with whom you have discussed this matter. (Attach additional pages as necessary) ATTACHMENT:

**CORRECTIVE ACTION SOUGHT:** (Attach additional pages as necessary.) ATTACHMENT:

**WITNESSES (if any):**

***Witness 1:***

**FUS AFFILIATION:** Faculty Staff Student Other (If other, please explain) \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cellular Telephone Home Telephone Email address

**Witness 2:**

**FUS AFFILIATION:** Faculty Staff Student Other (If other, please explain) \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cellular Telephone Home Telephone Email address

**Witness 3:**

**FUS AFFILIATION:** Faculty Staff Student Other (If other, please explain) \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cellular Telephone Home Telephone Email address

**DECLARATION:**

*I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature Print Name Date