

Human Rights, Access and Inclusion (HRAI)
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DISCRIMINATION AND HARASSMENT COMPLAINT FORM

COMPLAINANT INFORMATION	
Name (Last, First, MI):	Home/Cell Phone No.:
Home Address	Email Address:
Status: <input type="checkbox"/> UI Employee <input type="checkbox"/> UI Student <input type="checkbox"/> Other: _____	

IF UI EMPLOYEE		
Department:	Hire Date (M/D/Y):	Work Phone No.:
Campus Address:	Job Title:	

SUPERVISORY INFORMATION (optional)	
Name (Last, First, MI):	
Email Address:	Work Phone No.:

IF UI STUDENT		
Campus Address (if different):	Last Date of Registration:	Academic Standing:
College/Department/Major:		

REPRESENTATIVE (if any)	
Name (Last, First, MI):	
Address:	Phone No.:
	Email Address:

INDICATE THE GROUND(S) ON WHICH YOU ARE MAKING YOUR COMPLAINT:		
<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Gender Identity/Expression	<input type="checkbox"/> Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin	<input type="checkbox"/> Medical Condition
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Age	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Genetic Information (Genetic Information Nondiscrimination Act)
<input type="checkbox"/> Other:		
<input type="checkbox"/> Retaliation (please indicate the type of retaliation by checking the applicable box(es) above)		

RESPONDENT INFORMATION (against whom your allegations are made) Attach additional pages if necessary.	
Name (Last, First, MI):	
Relationship to you (supervisory, professor, co-worker, student, etc.):	Their work or classroom location:

COMPLAINT INFORMATION
Please attach a statement that: <ul style="list-style-type: none"> 1) describes the nature of your complaint; 2) the incident(s) other specific act(s) that gave rise to your complaint; 3) when the incident(s) or specific act(s) occurred (or when you became aware of such act(s)); 4) what university policies were violated; 5) how the incident(s) or act(s) violated the university policy; and 6) how you were adversely affected.
List and attach any documents that support your allegation:

What steps have you taken to resolve this complaint (to whom have you gone, what was attempted, what was the outcome, etc.). Attach additional pages if necessary.

Describe how you would like the complaint to be resolved. Be as specific as possible. Attach additional pages if necessary.

Identify others who may have observed or witnessed the incident(s) you described. Attach additional pages if necessary:

Name:	Address:	Email Address:	Telephone No.:	Position/Relationship:

Identify others you believe may have experienced the same situation. Attach additional pages if necessary:

Name:	Address:	Email Address:	Telephone No.:	Position/Relationship:

COMPLAINANT SIGNATURE	
To the best of my knowledge, the information I have submitted is accurate.	
Print Name:	Date:
Signature:	