Discrimination, Harassment, and/or Retaliation Complaint Form

Form Instructions:
• Review the Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy and/or Sexual Harassment Policy.
• Attach additional pages if necessary for questions 4 through 10 and any supporting documents.
• Complete this form in its entirety, sign and date the final page, and return the form in person, by mail, or via fax to the Office of Equal Opportunity and Compliance within the Office of Human Resources.
• If you have any questions call (850) 645-6519.

1. Complainant Information

Name (Last, First)__________________________________________
Phone #____________________________________________________ Email Address______________________________________________
Title/Position________________________________________________ Department________________________________________________
Student Classification________________________________________ Major______________________________________________________

Check if filing on behalf of someone else. Name:__________________________________________________________

2. Affiliation with FSU:

_____ Faculty _____ A&P _____ USPS _____ OPS

_____ Student _____ Applicant _____ Vendor _____ Visitor

3. What is the basis of this discrimination complaint? Check appropriate box(es) & specify if needed.

_____ Age ____________________________ _____ Sex ____________________________
_____ Race/Color ______________________ _____ Sexual Misconduct____________________
_____ National Origin _________________ _____ Sexual Orientation __________________
_____ Disability _______________________ _____ Gender Expression __________________
_____ Marital Status ___________________ _____ Gender Identity ____________________
_____ Veterans’ Status _________________ _____ Retaliation _______________________
_____ Religion/Creed _________________ _____ Other _____________________________

4. Person(s) responsible for the alleged action? List name(s) of individual(s).

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<th>Department</th>
<th>Phone Number</th>
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EOC Use Only: Received: __________
5. Person(s) who have knowledge or information of the alleged action(s)? List name(s) of witness(es).

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6. To the best of your recollection, on what date(s) did the alleged action(s) take place?

7. Have you previously reported the action(s) you believe to be discrimination, harassment, and/or retaliation? If so, identify the Agency, office, and/or individual(s), the date(s), and describe the results.

8. Describe the event(s), impact, and outcome surrounding the alleged action(s).
9. If you believe that you were retaliated against for filing or participating in a prior discrimination or harassment complaint, investigation of a complaint, or some other protected activity, please explain the circumstances below.

10. What remedy or resolution are you seeking? *Describe your desired outcome.*

By signing this complaint form I affirm that, to the best of my knowledge, the information contained herein is true and factual while also establishing consent and release of the above information for the purposes of an investigation. I understand that the completion of this form or the filing of a discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the Office of Equal Opportunity and Compliance. I further understand if I knowingly provide false or fraudulent information in a complaint I may be subject to disciplinary action.

______________________________  __________________________
Complainant’s Signature          Date

Return Form To:
Florida State University
Office of Equal Opportunity & Compliance
6200 University Center A
Tallahassee, FL 32306-2410

Telephone: (850) 645-6519
Fax Number: (850) 645-9504
Email Address: EOC@fsu.edu