

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"/>	Age	<input type="checkbox"/>	Race/Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<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: _____