## CONFIDENTIAL

## **EAST STROUDSBURG UNIVERSITY OF PENNSYLVANIA** Office of Diversity & Equal Opportunity (ODEO)

## **DISCRIMINATION HARASSMENT COMPLAINT FORM**

Directions: Complete in ink or type. The intake form shall include the identity of respondent(s); a description of the alleged behaviors; the frequency, intensity and duration of the behaviors complained of; the emotional and/or physical damages the Complainant alleges resulted from the conduct; the remedial action sought by the Complainant and; endorse. For an investigation to be conducted, submit completed form to the Office of Diversity and Equal Opportunity, address noted below.

Complainant's Name:			
Work Phone Number:			
Home Phone Number:			
Cell Phone Number:			
E-mail Address:			
Address:			
Street	City	State Zip Code	
Department:	Job Title:		
Are you a union member?	Yes	No	
If you are a union member, has a griev	vance been filed? Ye	s, Date	No
Check the union which applies to you	:		
APSCUF SCUPA	SPFPA	OPEIU	
AFSCME: Supervisory Non-Supervis	sory		
Respondent(s) Name:			<u> </u>
Department and other applicable infor	mation of the alleged Res	spondent:	

Revised: 5/24/2011

If available, p	lease produce copies	of all documentation and evidence related to complaint.
related to pro amended, ar Pennsylvania	otected classes as def nd Title IX of the Ed a Human Relations Ad	pe(s) of alleged discrimination/harassment you are claiming ined by Titles IV, VI and VII of the Civil Rights Act of 1964, as ucation Amendments of 1972 and under state law by the ct. Other statutes that may be involved in this area are the If the Age Discrimination in Employment Act.
/ iniorioano ii	in Dioabilitioo / lot and	and Age Blockmination in Employment Act
	Harassment	National Origin/Ancestry
	Discrimination	Veteran
	Race or Color	Sexual Harassment
	Age	Sexual Orientation
	nge Disability	
	•	Gender Identity
	Sex	Other (specify):
I	Religion	
and where ar		uding names of all persons involved, names of all witnesses, k place). Include quotes of all parties involved. ue if necessary:

Revised: 5/24/2011

What corrective action would you like to be taken regar	ding this matter?
I affirm that I have read the above allegations(s) and the knowledge.	at they are true to the best of my
I have been informed that it is a violation of the state are individual because he/she has filed a discrimination or any adverse action that I feel may be retaliatory, I will p	harassment complaint. If I am subject to
Complainant's Signature:	Date:
When completed and signed please deliver to:	
East Stroudsburg University Office of Diversity and Equal Opportunity 115 Reibman Building	
200 Prospect Street East Stroudsburg, PA 18301	
East Stroadobarg, 174 10001	
Complaint form received by:	
Name:	Date:

Revised: 5/24/2011