

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 grievance been filed? Yes, Date _____ No

Check the union which applies to you:

APSCUF SCUPA SPFPA OPEIU
 AFSCME:
 Supervisory
 Non-Supervisory

Respondent(s) Name: _____

Department and other applicable information of the alleged Respondent:

What corrective action would you like to be taken regarding this matter?

I affirm that I have read the above allegations(s) and that they are true to the best of my knowledge.

I have been informed that it is a violation of the state and federal statutes to retaliate against an individual because he/she has filed a discrimination or harassment complaint. If I am subject to any adverse action that I feel may be retaliatory, I will promptly report the action to the ODEO.

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

Complaint form received by:

Name: _____ **Date:** _____