



Fillable using Adobe Acrobat. Complete and print or email. If preferred, print blank form and complete by hand.

COMPLAINT FORM REGARDING SEX DISCRIMINATION
(other than sexual harassment under Title IX)

This complaint form should be used for complaints of sex discrimination as defined on page 1 of the Board's Administrative Regulations regarding the Prohibition of Sex Discrimination and Sexual Harassment.

Name of complainant: _____

Date of complaint: _____

Date of the alleged discrimination/harassment: _____

Name(s) of the discriminator(s) or harasser(s): _____

Location where such discrimination/harassment occurred: _____

Name(s) of witness(es) to the discrimination/harassment: _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment:
(If additional space is needed, please use a blank page.)

Remedy requested: _____

Signature _____