

**Eastern Michigan University
Office of Diversity and Affirmative Action
140 McKenny Hall, Ypsilanti, MI 48197
www.emich.edu/diversity**

Complaint Form

(Please Print or Type)

Date _____ Local Phone Number _____ E-mail _____

Name _____

Local Address _____
Street City State Zip Code

Classification: Faculty Staff Student Other (Please specify: _____)

**FOR DISCRIMINATION, HARASSMENT, OR RETALIATION BASED ON ONE OR MORE OF THE FOLLOWING
PROTECTED CLASSES:**

____ Race ____ Age ____ Weight ____ Religion
____ Sex (e.g. sexual harassment or gender) ____ Height ____ Disability ____ Color
____ Sexual Orientation ____ Marital Status ____ National Origin ____ Retaliation
____ Veteran Status ____ Pregnancy ____ Genetic Information ____ Not Sure
____ Gender Identity/Expression ____ Ethnicity

Date(s) of alleged discrimination: _____

Please describe, in detail, your complaint giving names, dates, places, and other pertinent information. If necessary, use the other side. (If you wish, you may attach a narrative containing the above information.)

____ Check if continued on reverse side.

I certify that the above is true and correct. _____
Signature

Office Use Only
Date Received _____ Received by _____