

- ☐ **INFORMAL** - Pre-complaint counseling/guidance/informal resolution/mediation
- ☐ **FORMAL** - Formal EOAA Investigation conducted by Office of EOAA and/or Designated AA Facilitator

KENT STATE UNIVERSITY

OFFICE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION (EO/AA)

COMPLAINT FORM

Please print legibly

COMPLAINANT'S NAME: _____
(Last Name) (First Name) (M.I.)

If Employee, **TITLE & DEPARTMENT:** _____ **BANNER ID:** _____

CAMPUS/LOCAL ADDRESS: _____

PHONE NUMBER(S): _____ **EMAIL:** _____

COMPLAINANT'S STATUS AT THE UNIVERSITY (Place an "✓" in the appropriate box.)

- ☐ Student ☐ Classified Employee ☐ Unclassified Employee ☐ Faculty ☐ Terminated Employee ☐ Applicant for Employment

PROTECTED CLASS (Place an "✓" in the appropriate box(es) indicating the basis of your alleged discrimination)

- ☐ Age (40 yrs. old or older) ☐ Race ☐ Disabled Veteran ☐ Sexual Orientation
☐ National Origin or Ancestry ☐ Color ☐ Military Status ☐ Genetic Information
☐ Disability ☐ Religion ☐ Vietnam Era Veteran

DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S): Please use the following space to describe the discriminatory action that occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary.

Who was involved (name & title), and what was the offensive or discriminatory act that occurred _____

When did it happen (date, one-time occurrence or reoccurring)? _____

Where did it happen (location, bldg., room #)? _____

How did you react/respond? _____

Were there any witnesses? If “Yes”, please indicate the name(s) of the witness(es): _____

Did you tell anyone about this? (Supervisor, Dean, Instructor, Student Ombuds, etc.) If “Yes”, please indicate who: _____

Do you have any physical evidence (i.e. emails, photos, letters, documents, text messages, Facebook/Twitter posts, etc.) of this claim? _____ Yes (If so, please provide any copies to EO/AA) _____ No

Has your job or student status been affected in any way as a result of this alleged incident and if so, please describe the effect below. _____

What proposed resolution and/or remedial action are you seeking: _____

Note:

While the Equal Opportunity and Affirmative Action Office uses its best efforts to protect information you provide from disclosure, such information may be subject to release under the following circumstances: request for public records, in response to charges filed with the Equal Employment Opportunity Commission (EEOC), the Ohio Civil Rights Commission (OCRC), Department of Education (DOE), Office of Civil Rights and other administrative agencies or complaints filed in state or federal court, whether filed by you or others.

The Family Educational Rights and Privacy Act (FERPA) prohibits disclosure of student information in certain situations. If you are a student, your signature below provides the EO/AA office with consent to release relevant information provided by you, or relevant information gathered as part of EO/AA’s investigation, (including but not limited to personally identifiable information and other educational records) to the accused individual(s) and to any university personnel involved in the investigation or adjudication of this complaint, as deemed necessary by EO/AA in order to complete the investigation. Your Banner ID, home address, and home phone number will be redacted from this form if shared with an accused party.

I have read and understand the contents of this document. All statements and responses are accurate to the best of my knowledge and I declare that this complaint has been made in good faith.

COMPLAINANT SIGNATURE

**ACKNOWLEDGED BY COMPLIANCE
DIRECTOR/EOAA COORDINATOR**

DATE _____

DATE _____

(Authorized signature required for processing by Office of EOAA)