

UNIVERSITY OF PENNSYLVANIA
OFFICE OF AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY PROGRAMS

Complaint of Discrimination, Harassment and/or Retaliation

Please complete this form to file a complaint of discrimination or harassment. You may mail, fax, or email the form to the Office of Affirmative Action and Equal Opportunity Programs and you will be contacted to schedule an appointment.

Basis for Complaint:

Race____ Sex____ Religion____ Age____ Sexual Harassment____ National Origin____
 Citizenship Status____ Disability____ Sexual Orientation____ Gender Identity____
 Veteran Status____ Retaliation____ Pregnancy____ Other/Not sure (Please explain)_____

A. Statement of Complaint

Please describe your complaint or issue you want to be addressed. Be sure to give the names of all persons involved; list each incident, including the date; and provide any other details, which may support your complaint.

I am attaching a separate sheet of paper

B. Name(s) and Title (s) of person(s) you believe discriminated against you or harassed you?

<i>Name</i>	<i>Title</i>	<i>Department or Address</i>	<i>Phone Number</i>

C. Witnesses. List anyone who you believe can provide relevant information in regards to your complaint.

<i>Name</i>	<i>Title</i>	<i>Department or Address</i>	<i>Phone Number</i>

D. How would you like this matter resolved?

By signing this form, you are initiating a complaint in accordance with the policies of the University of Pennsylvania. You cannot be retaliated against for filing a complaint. If at any time you feel that you are being retaliated against or if you have questions or concerns, please contact this office at (215) 898-6993 (voice) or (215) 898-7803 (TDD).

Your signature affirms that this information is true to the best of your knowledge.

Print Name:

Signature:

Date:
