

UNIVERSITY OF PENNSYLVANIA
OFFICE OF AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY PROGRAMS

Complaint of Discrimination, Harassment and/or Retaliation Form

This form provides the opportunity for a person to report violation(s) of university policy and to secure an equitable, prompt, and satisfactory solution. This procedure shall be implemented in compliance with university policy.

First Name _____ Last Name _____

Personal # _____ Work # _____ Email Address _____

Basis for Complaint:

Race <input type="checkbox"/>	Sex <input type="checkbox"/>	Religion <input type="checkbox"/>	Age <input type="checkbox"/>	Sexual Harassment <input type="checkbox"/>	National Origin <input type="checkbox"/>	Citizenship Status <input type="checkbox"/>
Disability <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>	Gender Identity <input type="checkbox"/>	Veteran Status <input type="checkbox"/>	Retaliation <input type="checkbox"/>	Pregnancy <input type="checkbox"/>	*Other/Not sure <input type="checkbox"/>

* (Please explain) _____

A. Statement of Complaint

Please describe the 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.

(If additional space is needed, please use the back of this form)

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

Name	Title	Department or Address	Phone Number

(If additional space is needed, please use the back of this form)

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

Name	Title	Department or Address	Phone Number

(If additional space is needed, please use the back of this form)

D. How would you like this matter resolved?

(If additional space is needed, please use the back of this form)

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), (215) 746-7088 (fax), or oaaeop@pobox.upenn.edu (email).

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

Print Name: _____ Signature: _____ Date: _____

A. Statement of Complaint

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

Name	Title	Department or Address	Phone Number

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

Name	Title	Department or Address	Phone Number

D. Resolution
