# Discrimination/Harassment Complaint Reporting Form

**NAME:** (Last)  
**NAME:** (First)

**ADDRESS:**  
**E-MAIL ADDRESS:**

**PHONE:** (HOME)  
**PHONE:** (WORK)

IF EMPLOYED BY UND; WHAT DEPARTMENT:

**PLEASE CHECK THOSE THAT APPLY:**

I am a:  
- [ ] STUDENT  
- [ ] FACULTY MEMBER  
- [ ] STAFF MEMBER  
- [ ] APPLICANT FOR EMPLOYMENT  
- [ ] OTHER (EXPLAIN)

**CAUSE OF DISCRIMINATION:**

- [ ] RACE  
- [ ] COLOR  
- [ ] NATIONAL ORIGIN  
- [ ] RELIGION  
- [ ] VETERAN STATUS  
- [ ] SEX/Sexual Harassment  
- [ ] DISABILITY  
- [ ] AGE  
- [ ] OTHER (Explain)

**COMPLAINT AREA:**

- [ ] EMPLOYMENT  
- [ ] INSTRUCTIONAL OR ACADEMIC PROGRAM  
- [ ] UNIVERSITY SERVICE OR PROGRAM

**LIST THE INDIVIDUAL, DEPARTMENT OR GROUP THAT YOU ALLEGED DISCRIMINATED AGAINST YOU (IF MORE THAN ONE, LIST ALL):**

**NAME:**  
**ADDRESS:**  
**PHONE:**

Explain the basis of your complaint. Provide as much detail on the incident(s) as possible, including dates, places, persons involved or witnesses, etc. (If necessary, use back or attach additional documentation.)

**SIGNATURE**  
**DATE:**

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION OFFICE  
264 Centennial Drive Stop 7097, Room 401 Twamley Hall  
Grand Forks, ND 58202-7097  
OFFICE VOICE: 701.777.4171 FAX: 701.777.2077

*Procedures for Complaints of Discrimination or Harassment are located at [www.und.edu/dept/aao/Pol.htm](http://www.und.edu/dept/aao/Pol.htm)*  
*UND is an equal opportunity affirmative action institution*  
*rev: 10/31*