



ODE INTAKE CONFIRMATION (DO NOT FILL)

COMPLAINT DATE: ____ / ____ / ____

COMPLAINT NO.: _____

INTAKE INITIALS: _____

OFFICE OF DIVERSITY & EQUITY

DISCRIMINATION COMPLAINT FORM

INSTRUCTIONS: Please provide all of the information requested. It is highly encouraged that you be as specific as possible when discussing incident(s) by including date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident(s). To investigate your complaint, it will be necessary to interview you (Complainant), the alleged accused and any witnesses with direct knowledge of the allegations or defenses. The Office of Diversity and Equity will notify all persons involved in the investigation that all communications are confidential and that unauthorized disclosure of information concerning the investigation could result in disciplinary action. The complaint is not limited to the space provided. You are encouraged to attach additional materials which may assist in the investigation process. Please note that the information provided on this and/or any other form is not considered an official complaint unless it is signed by you and dated.

COMPLAINANT INFORMATION:

Complainant's Name: _____
First Name MI Last Name

Home Address: _____
City State Zip Code

Work Address: _____
City State Zip Code

Telephone: () _____ Home Work Mobile Other: _____
Telephone: () _____ Home Work Mobile Other: _____
Telephone: () _____ Home Work Mobile Other: _____

Email Address: _____ Alternate Email: _____

Please identify one (or more) preferred Mode(s) of Contact: Phone Call Email Letter

COMPLAINT DETAILS:

Complaint Status: Applicant Admin./Staff External (Non-Campus Related)
 Faculty Student/Student Employee Other: _____

Complaint Type: Discrimination Hostile Work/Academic Environment
 Harassment Retaliation

Basis: Age Marital Status
 Ancestry Mental Disorder
 Color National Origin
 Criminal Record (State Employment) Sex (Including Pregnancy or Sexual Harassment)
 Gender Identity (or Expression) Sexual Orientation
 Intellectual Disability Race
 Learning Disability Religious Creed
 Physical Disability

Terms and Conditions of Academic/Employment Status

Assignments Performance Evaluation Transfer
 Benefits/Leave Promotion Salary/Compensation
 Demotion/Discharge Testing Unknown Conditions
 Employment/Hiring Training Opportunities Working Conditions

Under "Unknown Conditions", please specify: _____

181 WHITE STREET, DANBURY, CONNECTICUT, 06810

WWW.WCSU.EDU

WESTERN CONNECTICUT STATE UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER



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Respondent Information

Name of person(s) (called the Respondent(s) you believe have subjected you to the conduct described in your complaint. When asking about affiliation/relationship, this is information as it relates to your contact (i.e., if the Respondent is a supervisor, co-worker, student, faculty, etc.). Timeframe is asking about the length of time you have known the Respondent(s).

Respondent's Name: _____
First Name MI Last Name

Respondent Status: Applicant Admin./Staff External (Non-Campus Related)
 Faculty Student/Student Employee Other: _____

Affiliation/Relationship: _____ Timeframe: _____

Respondent's Name: _____
First Name MI Last Name

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Add additional pages, as needed



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COMPLAINT DESCRIPTION:

Please explain the specifics and/or situation(s) that resulted in your allegation(s):

Describe why you believe the incident(s) you described were related to the identified basis of your complaint:

List and describe all documents, e-mails, records, materials and/or evidence pertaining to your complaint:

Describe the corrective action you are seeking:

List the identified witnesses to the above described incident(s):

Witness 1.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>
Witness 2.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>
Witness 3.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>
Witness 4.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>
Witness 5.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>
Witness 6.	_____	_____	_____
	<small>Name</small>	<small>Relationship</small>	<small>Contact Information</small>

Add additional pages, as needed



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Complaint Acknowledgment

I, _____, understand that, regardless of any contact with the Office of Diversity and Equity, I also retain the right to file an external complaint of discrimination or discriminatory harassment with the Connecticut Commission on Human Rights and Opportunities (CHRO), United States Equal Employment Opportunity Commission (EEOC) and/or the United States Department of Education Office of Civil Rights (OCR). Furthermore, I understand the relevant timeline for filing with these agencies varies from 180 days to 300 days from the date of the alleged discriminatory act/actions, and is independent of any internal complaint filed with the Office of Diversity and Equity.

I, _____, understand that under state and federal law, as a Complainant, I may not be retaliated against with regards to my prospective or current employment status, for filing a discrimination complaint, participating in an investigation or opposing an unlawful discriminatory practice.

I, _____, hereby attest that the facts asserted in this complaint are true and accurate, and that I have been advised of the other avenues of appeal/redress:

Complainant Signature

Date

Please forward this form and any evidence pertaining to your complaint to the Office of Diversity and Equity upon completion to:

Office of Diversity and Equity
Western Connecticut State University
181 White Street
University Hall, Suite 214
Danbury, Connecticut 06810

If you have any additional questions or would like to schedule an appointment to submit this form, please contact a member of the Office of Diversity and Equity at (203) 837-8278.