



ODE INTAKE CONFIRMATION (DO NOT FILL)

COMPLAINT DATE: ____ / ____ / ____

COMPLAINT NO.: _____

INTAKE INITIALS: _____

OFFICE OF DIVERSITY & EQUITY

DISCRIMINATION COMPLAINT FORM

INSTRUCTIONS: *It is highly encouraged that you be as detailed 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 the filed complaint, it will be necessary to schedule meetings with you (Complainant), the alleged accused/Respondent and any witnesses with direct knowledge of the alleged allegations. The Office of Diversity and Equity will notify all persons involved in the investigation that all communications are to be held with your choice of representative(s) for appropriate guidance throughout this investigation. The filed 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 the Complainant and affirmed with a date signed.*

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 Assigned Advocate: _____

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
 Sexual Assault/Misconduct Interpersonal Violence/Domestic Violence

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 Working Conditions
 Employment/Hiring Training Opportunities Other

Initial: _____

181 WHITE STREET, DANBURY, CONNECTICUT, 06810

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Under "Other", please specify: _____

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

(1) 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: _____

(2) 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: _____

(3) 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: _____

(4) 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: _____

(5) 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: _____

Initial: _____

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COMPLAINT DESCRIPTION:

Please write (in chronological order) in your own words (or to the best of your recollection) the specifics and/or incident(s) that resulted in either one (or more) of your allegation(s):

Lined area for writing the complaint description.

Initial: _____

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NOTE: Copy page 3 to add additional pages, as needed

List and describe all of the materials and/or evidence pertaining to your complaint:

- Mobile Text Message(s) Phone Conversation/Voicemail Email
- Social Media Profile(s)/Chat(s) Image(s)/Photograph(s) Videos Clips/Videos
- Correspondence/Letters General/Personnel Records Memorandums/Notes
- Other: _____ Other: _____ Other: _____

Describe the corrective action you are seeking from this investigation:

Do you wish to receive one (or more) referral(s) for assistance to:

- Counseling Center Office of Judicial Affairs Office of the Dean of Students
- CHOICES Univ. Police Department Women’s Center of Greater Danbury
- Office of Health Services Housing and Residence Life Other: _____

List the identified witnesses to (any of) the described incident(s):

Witness 1.	Name	Relationship	Contact Information
Witness 2.	Name	Relationship	Contact Information
Witness 3.	Name	Relationship	Contact Information
Witness 4.	Name	Relationship	Contact Information
Witness 5.	Name	Relationship	Contact Information
Witness 6.	Name	Relationship	Contact Information
Witness 7.	Name	Relationship	Contact Information
Witness 8.	Name	Relationship	Contact Information
Witness 9.	Name	Relationship	Contact Information
Witness 10.	Name	Relationship	Contact Information

Initial: _____

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Complaint Acknowledgment

I, _____, understand that, regardless of any contact with the Western Connecticut State University ("WCSU") Office of Diversity and Equity ("ODE"), 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 WCSU ODE.

I, _____, understand that, regardless of any contact with the Western Connecticut State University ("WCSU") Office of Diversity and Equity ("ODE"), I also retain the right to file a criminal complaint with (either) the WCSU Police Department, Danbury Police Department and/or the local police authority within the jurisdiction of my home residence. Furthermore, I understand the relevant timeline for filing with these police agencies varies from the date of the alleged criminal action, and is independent of any internal complaint filed with the WCSU ODE.

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

Upon completion, please forward this form and any attachments/evidence pertaining to your complaint to:

Office of Diversity and Equity ("ODE")
Western Connecticut State University
181 White Street
University Hall, Suite 202B
Danbury, Connecticut 06810
Phone: (203) 837-8444

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) 837-8444.

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For any additional assistance to support you on campus, please reach the following campus office(s):

Office of Health Services
Western Connecticut State University
181 White Street
Litchfield Hall
Danbury, Connecticut 06810
Phone: (203) 837-8594

Womens Center (on campus office)
Western Connecticut State University
181 White Street
White Hall 003A
Danbury, Connecticut 06810
Phone: (203) 837-3939

Counseling Center
Western Connecticut State University
181 White Street
Midtown Student Center, Room 222
Danbury, Connecticut 06810
Phone: (203) 837-8690

Police Department
Western Connecticut State University
181 White Street
Police Headquarters, Beyond Newbury Hall
Danbury, Connecticut 06810
Phone: (203) 837-9300

Human Resource Department
Western Connecticut State University
181 White Street
Midtown Campus, University Hall, 1st Fl.
Danbury, Connecticut 06810
Phone: (203) 837-8678

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