

DISPOSITION OF COMPLAINT FORM

Date: \_\_\_\_\_ Date of initial Complaint: \_\_\_\_\_

Name of Complainant (include whether the Complainant is a student or employee):  
\_\_\_\_\_

Date and place of alleged incident(s): \_\_\_\_\_  
\_\_\_\_\_

Name of the Respondent ( Include whether the Respondent is a student or employee):  
\_\_\_\_\_

Nature of discrimination alleged (check all that apply):

<input type="checkbox"/>	Race	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Age
<input type="checkbox"/>	Sex	<input type="checkbox"/>	Actual or potential parental, family, or marital status
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Pregnancy or related conditions
<input type="checkbox"/>	Creed	<input type="checkbox"/>	

Summary of investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all the information on this form is accurate and true to the best of my knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_