KENT STATE UNIVERSITY
OFFICE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION (EO/AA)

COMPLAINT FORM

Please print legibly

COMPLAINANT'S NAME: ____________________________ (Last Name) ____________________________ (First Name) ____________________________ (M.I.)

If Employee, TITLE & DEPARTMENT: ____________________________

BANNER ID: ____________________________

CAMPUS/LOCAL ADDRESS: ____________________________

PHONE NUMBER(S): ____________________________ EMAIL: ____________________________

COMPLAINANT'S STATUS AT THE UNIVERSITY (Place an "✓" in the appropriate box.)

☐ Student ☐ Classified Employee ☐ Unclassified Employee ☐ Faculty ☐ Terminated Employee ☐ Applicant for Employment

PROTECTED CLASS (Place an "✓" in the appropriate box(es) indicating the basis of your alleged discrimination)

☐ Age (40 yrs. old or older) ☐ Race ☐ Disabled Veteran ☐ Sexual Orientation
☐ National Origin or Ancestry ☐ Color ☐ Military Status ☐ Genetic Information
☐ Disability ☐ Religion ☐ Vietnam Era Veteran

DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S): Please use the following space to describe the discriminatory action that occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary.

Who was involved (name & title), and what was the offensive or discriminatory act that occurred ____________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

When did it happen (date, one-time occurrence or reoccurring)? ____________________________

____________________________________________________________________________________________

Where did it happen (location, bldg., room #)? ____________________________

____________________________________________________________________________________________

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How did you react/respond?

________________________________________

Were there any witnesses? If “Yes”, please indicate the name(s) of the witness(es):

________________________________________

________________________________________

Did you tell anyone about this? (Supervisor, Dean, Instructor, Student Ombuds, etc.) If “Yes”, please indicate who:

________________________________________

________________________________________

________________________________________

Do you have any physical evidence (i.e. emails, photos, letters, documents, text messages, Facebook/Twitter posts, etc.) of this claim? Yes (If so, please provide any copies to EO/AA) No

Has your job or student status been affected in any way as a result of this alleged incident and if so, please describe the effect below.

________________________________________

What proposed resolution and/or remedial action are you seeking:

________________________________________

________________________________________

Note:

While the Equal Opportunity and Affirmative Action Office uses its best efforts to protect information you provide from disclosure, such information may be subject to release under the following circumstances: request for public records, in response to charges filed with the Equal Employment Opportunity Commission (EEOC), the Ohio Civil Rights Commission (OCRC), Department of Education (DOE), Office of Civil Rights and other administrative agencies or complaints filed in state or federal court, whether filed by you or others.

The Family Educational Rights and Privacy Act (FERPA) prohibits disclosure of student information in certain situations. If you are a student, your signature below provides the EO/AA office with consent to release relevant information provided by you, or relevant information gathered as part of EO/AA’s investigation, (including but not limited to personally identifiable information and other educational records) to the accused individual(s) and to any university personnel involved in the investigation or adjudication of this complaint, as deemed necessary by EO/AA in order to complete the investigation. Your Banner ID, home address, and home phone number will be redacted from this form if shared with an accused party.

I have read and understand the contents of this document. All statements and responses are accurate to the best of my knowledge and I declare that this complaint has been made in good faith.

________________________________________

COMPLAINANT SIGNATURE

DATE ____________________________

________________________________________

ACKNOWLEDGED BY COMPLIANCE DIRECTOR/EOAA COORDINATOR

DATE ____________________________

(Authorized signature required for processing by Office of EOAA)