Sexual Harassment and/or Discrimination Complaint Form

Sexual harassment and discrimination based to race, color, religion, creed, gender, or national origin, sexual orientation, gender identity, gender expression, genetic information, disability, age, or veteran or marital status are violations of state and Federal law.

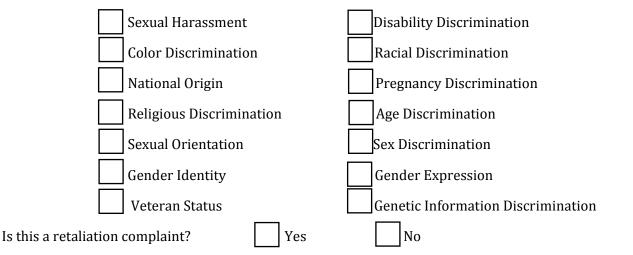
It is unlawful to retaliate against a student, employee or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

Please submit the completed form to the Office Equal Opportunity & Diversity via hand-delivery, mail or interoffice mail.

Your Name and Title/Class Year	Date of Complaint		
Your relationship to MMA Student Home Address	Employee	Vendor	
Home or Cell Phone Number	Email Address		
Immediate Supervisor or Company Officer Name	Department or Room #		

PLEASE NOTE: All complaints of sexual harassment or discrimination are investigated.

Please check which type of discrimination or sexual harassment you are alleging:



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Describe alleged discrimination and/or harassment. Please specify location(s), date(s) and time(s) of each occurrence.

Who or what do you believe was responsible for the alleged sexual harassment or discrimination incident(s)?

Were there any witnesses to the allege	d incident(s)?	Yes No			
If yes, please provide the names(s), address (es) and phone number(s).					
Witness Name	Phone #	Address or Email Address			
Witness Name	Phone #	Address or Email Address			
Witness Name	Phone #	Address or Email Address			
Witness Name	Phone #	Address or Email Address			
Provide the name, address and phone number of those who may have important information regarding					
the alleged incident(s). Name	Phone #	Address or Email Address			
Name	Phone #	Address or Email Address			
Name	Phone #	Address or Email Address			
Name	Phone #	Address or Email Address			

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If appropriate, did you inform the alleged offender(s) their behavior was unacceptable? If yes, please describe.	Yes No	

Have you reported this incident to any If yes, please provide the name(s), add		Yes mber(s).	No
Name	Phone #	Address or I	Email Address
Name	Phone #	Address or I	Email Address
Name	Phone #	Address or I	Email Address
Name	Phone #	Address or I	Email Address
Name	Phone #	Address or I	Email Address

What is the remedy you are seeking?

NOTE: Please attach to this form and supporting documentation related to your complaint. To the best of my knowledge and belief, the above information is complete, true and accurate and not a "false charge" as defined under the EO Plan, and I hereby submit this complaint under the Academy's Complaint Investigation and Resolution Procedure.

I, , certify the above statements to be true and factual to the best of my knowledge.

Signature

Date