

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	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Visitor <input type="checkbox"/> Vendor
Home Address			
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:

- | | |
|---|---|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Disability Discrimination |
| <input type="checkbox"/> Color Discrimination | <input type="checkbox"/> Racial Discrimination |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Pregnancy Discrimination |
| <input type="checkbox"/> Religious Discrimination | <input type="checkbox"/> Age Discrimination |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex Discrimination |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Genetic Information Discrimination |

Is this a retaliation complaint?

☐ Yes

☐ No

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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 alleged incident(s)? ☐ Yes ☐ No

If yes, please provide the names(s), address (es) and phone number(s).

Witness Name	Phone #	Address or Email Address
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Witness Name	Phone #	Address or Email Address
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Witness Name	Phone #	Address or Email Address
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Witness Name	Phone #	Address or Email Address
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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
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Name	Phone #	Address or Email Address
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Name	Phone #	Address or Email Address
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Name	Phone #	Address or Email Address
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If appropriate, did you inform the alleged offender(s) their behavior was unacceptable? ☐ Yes ☐ No
If yes, please describe.

Have you reported this incident to anyone else? ☐ Yes ☐ No
If yes, please provide the name(s), address(es) and phone number(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

Name Phone # Address or 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