



# NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT FORM

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

FGCU Status: (Please complete as appropriate)

Student:     Undergraduate     Graduate

Employee     Other: Name \_\_\_\_\_

Position \_\_\_\_\_ Department \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Office Location \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Faculty     A&P     USPS     OPS

Inequity/Discrimination based on (check all that apply):

Race     National Origin     Sex     Age     Religion     Marital Status

Disability     Retaliation     Sexual Orientation     Veterans Status     Other

Date of Most Recent Incident/Event of Discrimination or Harassment: \_\_\_\_\_

Description(s) of incident(s) that make me believe I was discriminated against and/or have been a victim of harassment or sexual harassment (Use additional sheet if necessary.):

Persons who could provide additional information about my complaint include (Use additional sheet if necessary.):

Desired action(s)/outcome(s) regarding this complaint.

I attest that the above statements are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date