

**COMPLAINANT INFORMATION**

Name:

E-Mail: Phone #:

Job Title/Department:

Type of SIU Affiliation

A/P Civil Service Faculty Student Employee Graduate Assistant Extra Help Other: \_\_\_\_\_

**RESPONDENT INFORMATION**

Name:

E-Mail: Phone #:

Job Title/Department:

Type of SIU Affiliation

A/P Civil Service Faculty Student Employee Graduate Assistant Extra Help Other: \_\_\_\_\_

**COMPLAINT INFORMATION**

Type of Complaint (Please indicate):

Sexual Harassment	Discrimination: <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Ethnicity/National Origin <input type="checkbox"/> Gender <input type="checkbox"/> Gender Identity <input type="checkbox"/> Marital Status <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Veteran Status	Gender-Based Violence: <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Dating Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking	Retaliation
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Synopsis of complaint: