Print Form

UCM Discrimination/Harassment Complaint Form

Name of University Representative Receiving Complaint_____
Name of Complainant_____
Date of Complaint:_____
Date of Incident: _____

Statement of what happened *(Attempt to ascertain the who, what, where, why and when of the situation. Capture and include as many details as possible and use back of form if necessary):*

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Names of people who witnessed the incident or who may have knowledge of the incident:

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Other relevant information:

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*Signature Date*_____