

**COMPLAINT FORM FOR
DISCRIMINATION/HARASSMENT**

Instructions: This complaint form is for use by individuals who are eligible to file a complaint of Discrimination or Harassment under [PER 1.10 – Discriminatory Harassment](#) and the [Sexual Harassment Policies and Procedures](#). **Please fill in all of the information requested below as completely as possible and attach additional pages to this form, if necessary.** Forward completed forms and attachments to Employee Relations & Compliance, Human Resources, 1980 Arthur Street, Louisville, Kentucky 40208-2770 or to employeerelations@louisville.edu.

Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Home/Mobile Phone: _____

Work Phone: _____ Best time to call: _____ AM/PM _____

University ID (if applicable): _____

What is your relationship with the University of Louisville?

Current Employee? Yes No Former Employee? Yes No Student? Yes No

Applicant for employment? Yes No A Third Party? Yes No Other? Yes No

If you marked 'Other' or 'A Third Party,' please specify your relationship with the University: _____

Indicate the type(s) of complaint being filed: Discrimination Harassment Retaliation

If you are filing a Discrimination or Harassment complaint, indicate the Protected Status(es) that was/were the basis(es) of the alleged Discrimination or Harassment (Please select all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Equal Pay/Compensation* | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Disability | <input type="checkbox"/> Age |
| <input type="checkbox"/> National/Ethnic Origin | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Gender/Sex** |

*(the Equal Pay Act requires men and women in the same workplace be given equal pay for equal work)

** (including sexual harassment & sexual misconduct)

1. Identify the Respondent who allegedly harassed and/or discriminated against you. For each Respondent, provide the identifying information requested below:

Respondent's name:	Relationship/Association with UofL:	Relationship/Association to you:

2. Describe the incident(s) or event(s), date(s), time(s), and location(s) giving rise to your complaint. Attach additional pages to this form, if necessary.

3. If you are filing a Sexual Harassment or Sexual Misconduct complaint, including Domestic Violence, Dating Violence, or Stalking, please describe the conduct, including date(s), time(s), and location(s). Attach additional pages to this form, if necessary.

4. Describe the specific harm you have suffered resulting from the incident(s).

5. If you or others did something to try to resolve the issue, please describe.

6. Identify individuals who may have observed or witnessed the incident(s) that you described:

Last Name: _____

First Name: _____

Relationship to UofL: _____

Telephone: _____

Last Name: _____

First Name: _____

Relationship to UofL: _____

Telephone: _____

Last Name: _____

First Name: _____

Relationship to UofL: _____

Telephone: _____

7. Do you have any documents that support your complaint? Yes No **(Please list and attach a copy)**

8. Describe your proposed remedy. Be as specific as possible.

AUTHORIZATION

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. I understand that a copy of this complaint will be provided to the respondent.

Print Name of Complainant: _____

Signature of Complainant: _____

Date: _____

For University Use Only: Date Complaint Received: _____

Signature: _____