

160 Pearl Street Fitchburg, MA 01420-2697 Tel 978.345.2151 www.fitchburgstate.edu

COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, harassment, sexual or gender-harassment, domestic or dating violence, stalking or retaliation pursuant to the Universities' Equal Opportunity, Diversity and Affirmative Action Plan ("EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

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.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process, in accordance with Sexual Violence Policy, Student Code of Conduct and applicable collective bargaining agreements.

Date Filed:			Date(s) of Alleged Incident(s):			
B.	Check One: Student:		Employee:			
	Other:			(describe relationship to Univ	versity)	
C.	Type of alleged discrimination or discriminatory harassment:					
		Race		Color	☐ Religion	
		National Origin		Age	☐ Disability	
		Sex/Gender		Sexual Orientation	☐ Gender Identity	
		Gender Expression		Marital Status	☐ Veteran Status	
		Genetic Information		Other:		
D.	Type of alleged sexual violence or other prohibited conduct:					
		Rape		Sexual Exploitation	☐ Incest	
		Statutory Rape		_	☐ Stalking	
		Sexual Assault		Domestic Violence	☐ Dating Violence	
		Sexual Harassment		Gender-Based Harassment	-	
		Other				
Е.		Retaliation				
F.		ndividual(s) you believe ou:			d against you, or engaged in violence	

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H.	List any others with knowledge of the incident(s):				
I.	escription of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts, atements and/or evidence currently known to you:				
-					
-					
-					
	(If additional writing space is needed, please attach additional sheets)				
cha	the best of my knowledge and belief, the above information is complete, true and accurate and not a "false arge" as defined under the EO Plan, and I hereby submit this complaint under the University's Complaint estigation and Resolution Procedure.				
	Signature of Complainant				
Red	ceived byon:				