Discrimination/Harassment Complaint Form
Youngstown State University
Office of Equal Opportunity and Policy Compliance
Tod Hall-Room 315●Telephone: 330-941-2340/2216●Fax 330-941-2394

Name __________________________________________ Telephone No.____________________

Street Address _________________________________________________________________________

City, State, Zip_________________________________________________________________________

Type of Alleged Discrimination/Harassment:
Race _____ Religion _____ Age_____ National/Ethnic Origin_____ Color _____
Disability______ Sex_____ Sexual Orientation_____ Veteran’s Status _____
Other (Please specify) _________________________________________________________________

Brief Summary of Complaint: ____________________________________________________________________________________________
_____________________________________________________________________________________

Who do you allege discriminated against or harassed you (provide all information known to you)?

Name _______________________________________________ Department/Office _________________

Telephone No.____________________

Street Address _________________________________________________________________________

City, State, Zip____________________________________________________

What action, if any, has been taken to date?
_____________________________________________________________________________________

Do you have any suggested actions to be taken?
_____________________________________________________________________________________

Have you filed a complaint with any other Department or Agency? ______
If yes, with whom? __________________________________________

Signature ___________________________________________ Date ____________________________

If you need addition space please use the back of this form or additional sheets.