CONFIDENTIAL

EAST STROUDSBURG UNIVERSITY
OF PENNSYLVANIA
Office of Human Resource Management

DISCRIMINATION HARASSMENT COMPLAINT FORM

Directions: Complete in ink or type. The intake form shall include the identity of respondent(s); a description of the alleged behaviors; the frequency, intensity and duration of the behaviors complained of; the emotional and/or physical damages the Complainant alleges resulted from the conduct; the remedial action sought by the Complainant and; endorse. For an investigation to be conducted, submit completed form to the Human Resource Management Office, address noted below.

Complainant's Name: _____

Work Phone Number: _____

Home Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Address: _____
Street *City* *State* *Zip Code*

Department: _____ **Job Title:** _____

Is your position in a Collective Bargaining Unit (CBA)? ☐ Yes ☐ No

If your position is covered by a CBA, has a grievance been filed? ☐ Yes, Date _____ ☐ No

Check the union which applies to you:

☐ APSCUF ☐ SCUPA ☐ SPFPA ☐ POA

☐ AFSCME:
- ☐ Supervisory
- ☐ Non-Supervisory

Respondent(s) Name: _____

Department and other applicable information of the alleged Respondent:

_____

_____

If available, please produce copies of all documentation and evidence related to complaint.

Please indicate with an "x" the type(s) of alleged discrimination/harassment you are claiming related to protected classes as defined by Titles IV, VI and VII of the Civil Rights Act of 1964, as amended, and Title IX of the Education Amendments of 1972 and under state law by the Pennsylvania Human Relations Act. Other statutes that may be involved in this area are the Americans with Disabilities Act and the Age Discrimination in Employment Act.

☐	Harassment	☐	National Origin/Ancestry
☐	Discrimination	☐	Veteran
☐	Race or Color	☐	Sexual Harassment
☐	Age	☐	Sexual Orientation
☐	Disability	☐	Gender Identity
☐	Sex	☐	Other (specify):
☐	Religion		

State in detail what happened (including names of all persons involved, names of all witnesses, and where and when the event took place). Include quotes of all parties involved.
Please use the other side to continue if necessary:

What corrective action would you like to be taken regarding this matter?

I affirm that I have read the above allegations(s) and that they are true to the best of my knowledge.

I have been informed that it is a violation of the state and federal statutes to retaliate against an individual because he/she has filed a discrimination or harassment complaint. If I am subject to any adverse action that I feel may be retaliatory, I will promptly report the action to the Director, Human Resource Management.

Complainant's Signature: _____ **Date:** _____

When completed and signed please deliver to:

East Stroudsburg University
Human Resource Management
Reibman 105
200 Prospect Street
East Stroudsburg, PA 18301

Complaint form received by:

Name: _____ **Date:** _____