

**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:**

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

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**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:** \_\_\_\_\_