

Sexual Harassment and/or Discrimination Complaint Form

Sexual harassment and discrimination based to race, color, religion, creed, gender, or national origin, sexual orientation, gender identity, gender expression, genetic information, disability, age, or veteran or marital status are violations of state and Federal law.

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.

Please submit the completed form to the Office Equal Opportunity & Diversity via hand-delivery, mail or interoffice mail.

Your Name and Title/Class Year		Date of Complaint		
Your relationship to MMA	Student	Employee	Visitor	Vendor
Home Address				
Home or Cell Phone Number		Email Address		
Immediate Supervisor or Company Officer Name		Department or Room #		

PLEASE NOTE: All complaints of sexual harassment or discrimination are investigated.

Please check which type of discrimination or sexual harassment you are alleging:

- | | |
|--------------------------|------------------------------------|
| Sexual Harassment | Disability Discrimination |
| Color Discrimination | Racial Discrimination |
| National Origin | Pregnancy Discrimination |
| Religious Discrimination | Age Discrimination |
| Sexual Orientation | Sex Discrimination |
| Gender Identity | Gender Expression |
| Veteran Status | Genetic Information Discrimination |

Is this a retaliation complaint? Yes No

Sexual Harassment and/or Discrimination Complaint Form

If appropriate, did you inform the alleged offender(s) their behavior was unacceptable? Yes No
If yes, please describe.

Have you reported this incident to anyone else? Yes No
If yes, please provide the name(s), address(es) and phone number(s).
Name Phone # Address or Email Address

Name Phone # Address or Email Address

Name Phone # Address or Email Address

Name Phone # Address or Email Address

Name Phone # Address or Email Address

What is the remedy you are seeking?

NOTE: Please attach to this form and supporting documentation related to your complaint. To the best of my knowledge and belief, the above information is complete, true and accurate and not a "false charge" as defined under the EO Plan, and I hereby submit this complaint under the Academy's Complaint Investigation and Resolution Procedure.

I, _____, certify the above statements to be true and factual to the best of my knowledge.

Signature

Date