

# The Evergreen State College

## Equal Opportunity Office

## Complaint Form

### I. General Information

I am an Evergreen:  Student  Faculty  Staff  Other

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Complaint Details

Alleged Offender's (Respondent) Name: \_\_\_\_\_

This is a complaint of  Discrimination  Sexual Harassment  Other

**Please describe the specific incident(s):**

❖ WHAT happened (you may attach a separate statement): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *Continue on back if necessary.*

❖ When (including dates and times for each incident): \_\_\_\_\_

\_\_\_\_\_

❖ Where (locations for each incident): \_\_\_\_\_

\_\_\_\_\_

❖ Witnesses (Include contact information): \_\_\_\_\_

\_\_\_\_\_

### III. Employees Only

Have you notified a supervisor?  Yes  No

Supervisor's Name: \_\_\_\_\_ Outcome/Actions Taken: \_\_\_\_\_

Have you filed a complaint with any other agency?  Yes  No Agency: \_\_\_\_\_

### IV. Certification

I affirm all information is accurate and true to the best of my knowledge. This complaint is made in good faith.

Signature

Date