Arizona State University
EO/AA Complaint Form

Complainant's name ________________________________________________

Work address _____________________________________________________

Work telephone number_____________________________________________

Please give the name(s), work address(es), and telephone number(s) of person(s) against whom the complaint is directed:

________________________________________________________________

________________________________________________________________

________________________________________________________________

Alleged discrimination is based on (check all appropriate):

☐ race       ☐ color       ☐ religion       ☐ sex       ☐ sexual orientation

☐ national origin       ☐ citizenship       ☐ age over 40 years       ☐ disability       ☐ Vietnam-era veteran status

State the events and/or actions that are the basis of your complaint; include date, time, and location of the events/acts that led to this complaint, and indicate whether the complaint is based on one occurrence or is ongoing. (Use additional sheets if necessary.)

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Please state the desired outcome for this complaint (e.g., specific working conditions, promotion, back pay, etc.).

________________________________________________________________

________________________________________________________________

Signature of complainant __________________________ Date ______________

Do not write below this line: EO/AA Office use only.

F _____ IF _____ med: _______ close_______

date recd. _______ rev. _______ status_______ # ______ adi:_______