



Center for Human Rights
Discrimination/Sexual Harassment Complaint Intake Form

Washington State University is committed to maintaining a university environment free from all forms of discrimination, including sexual harassment. Discrimination on the basis of race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran is prohibited by WSU policy.

I. PERSONAL INFORMATION

Name: Department:
Home Address: Campus Zip:
Email: Work Phone No.:
Home Phone No.:
May we contact you at work?
Status: Student Faculty Adm/Prof Classified Staff Other

For Statistical reporting purposes, please check each category that applies:

Race/Ethnicity/Color Religion Gender Sexual Orientation
National Origin Age Veteran Disability

II. GENERAL BASIS OF COMPLAINT: you believe you are being discriminated against because of:

Race or Ethnicity Disability Sexual Orientation
Color Vietnam Era Veteran Age
National Origin Disabled Veteran Retaliation
Religion or Creed Sex or Gender Pregnancy
Marital Status Sexual Harassment Other:

III. WHAT SPECIFIC OF ACTION OR BEHAVIOR COMPELLED YOU TO FILE THIS COMPLAINT?

Verbal Abuse or Harassment Unequal Work Assignments Co-worker problem
Physical Abuse or Harassment Reclassification Termination
Promotion/Tenure Layoff Hiring Process
Pay Equity Classroom Environment Compensation
Performance Appraisal Advisor/Professor Problem Working Conditions
Supervisor/Manager Problem Other:

IV. PERSON(S) YOU BELIEVE HAVE DISCRIMINATED AGAINST YOU OR SEXUALLY HARASSED YOU. Attach additional page, if necessary, and number the page *Attachment IV*.

- | | |
|-------------------|-------------------|
| A. Name: _____ | C. Name: _____ |
| Department: _____ | Department: _____ |
| Position: _____ | Position: _____ |
| Status: _____ | Status: _____ |
|
 |
 |
| B. Name: _____ | D. Name: _____ |
| Department: _____ | Department: _____ |
| Position: _____ | Position: _____ |
| Status: _____ | Status: _____ |

V. BRIEFLY DESCRIBE YOUR COMPLAINT AGAINST THE ABOVE-NAMED PERSON(S)

VI. ACTIONS YOU HAVE TAKEN REGARDING YOUR COMPLAINT

- A. Discussed with Supervisor/Advisor/Professor (Name): _____
Results: _____
- B. Discussed with Director/Chair/Department Head (Name): _____
Results: _____
- C. Discussed with Dean/Vice President/Vice Provost (Name): _____
Results: _____
- D. Discussed with Provost's Office (Name): _____
Results: _____
- E. Discussed with Human Resource Services (Name): _____
Results: _____
- F. Discussed with Student Affairs (Name): _____
Results: _____
- G. Discussed with Ombudsman's Office (Name): _____
Results: _____
- H. Discussed with External Agency:
 Washington State Human Rights Commission
 Equal Employment Opportunity Commission
 Office of Federal Contract Compliance Programs
 Office of Civil Rights
Person Contacted: _____
Results or Stage of Process: _____
- I. Other: _____
Results: _____

VII. PROVIDE THE FOLLOWING INFORMATION FOR EACH EVENT YOU HAVE EXPERIENCED THAT YOU BELIEVE SUBJECTED YOU TO DISCRIMINATION OR SEXUAL HARASSMENT. Please list events in chronological order by date of occurrence: Attach additional page, if necessary, and number the page *Attachment VII*.

	Date/Location	Observers/Witnesses	Event
A.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
B.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
C.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

VIII. LIST OF PERSONS WHO HAVE KNOWLEDGE OF EVENTS LISTED ABOVE. Those individuals with knowledge of the allegations will be contacted. Attach additional page, if necessary, and number the page *Attachment VIII*.

A.	Name: _____	Department: _____	Position: _____	C.	Name: _____	Department: _____	Position: _____
B.	Name: _____	Department: _____	Position: _____	D.	Name: _____	Department: _____	Position: _____

IX. LIST OTHERS WHO YOU BELIEVE MAY HAVE SIMILAR COMPLAINTS/CONCERNS. Attach additional page, if necessary, and number the page *Attachment IX*.

A.	Name: _____	Department: _____	Position: _____	Incident: _____	C.	Name: _____	Department: _____	Position: _____	Incident: _____
	_____	_____	_____	_____		_____	_____	_____	_____
B.	Name: _____	Department: _____	Position: _____	Incident: _____	D.	Name: _____	Department: _____	Position: _____	Incident: _____
	_____	_____	_____	_____		_____	_____	_____	_____

X. WHAT WOULD YOU CONSIDER AN APPROPRIATE SOLUTION TO YOUR COMPLAINT?
Attach additional page, if necessary, and number the page *Attachment X*.

OATH OR AFFIRMATION AND AUTHORIZATION

I affirm that the information I have provided in this complaint and attachments is true and accurate to the best of my knowledge. I authorize the Center for Human Rights to contact the person(s) named by me in this complaint to attempt resolution of the complaint.

Signature: _____ Date: _____

Please return to:

Raúl M. Sánchez, Director
Center for Human Rights
Washington State University
225 French Administration Building
Pullman, Washington 99164-1022
Phone: (509) 335-8288
Fax: (509) 335-5483

To be completed by the Center for Human Rights:	
Date Received: _____	Case number: _____
Date Closed: _____	Investigator: _____
Disposition:	
A. <input type="checkbox"/> Violation of WSU Policy	
B. <input type="checkbox"/> No Violation	
C. <input type="checkbox"/> No Violation, with recommendations	
D. <input type="checkbox"/> Withdrawn	
F. <input type="checkbox"/> No Investigation warranted	
Comments: _____	

